

## Tarbiyyah Primary School

# Administering Medicine Policy

Date: September 2023 Prepared by: Headteacher

Agreed with: Chair of Trustees

To be reviewed and updated: September 2024



## **Administering Medicines Policy**

At Tarbiyyah Primary School (TPS), we acknowledge that under the standard terms and conditions for the employment of teachers, there is no legal duty for them to administer or to supervise a child taking medication.

Administration of medicines by any member of the school staff is undertaken purely on a voluntary basis and individual decisions will be respected. However, appropriate training will be provided before any member of the school staff who has volunteered and accepted this role to be familiar with all administration of medication procedures.

Medicines will only be administered that have been prescribed by a doctor or some other authorised person and where it would be detrimental to a child's health if the medicine were not administered during the day. Non-prescription medicines will not be administered by staff, but parents/carers can make arrangements at lunch time to administer the medication to their child.

Medical consent forms need to be filled in by parents and staff administering medication.

### **Procedure and Accountability**

### Role of the Trustees

• To delegate powers and responsibility to the Headteacher to ensure everyone complies with this policy

### Role of the Headteacher

- To monitor the way in which this policy is managed.
- To ensure the administration of prescribed medicines by putting into practice effective strategies and examples of good practice
- To report back to the trustees on the effectiveness of this policy

### Personnel

Members of the school staff who administer or supervise the taking of medication will:

- Undertake appropriate training (e.g. diabetes etc)
- Read and check the Medical Consent Form before administering or supervising the taking of medicines
- Check that the medication belongs to the named pupil
- Check that the medication is within the expiry date
- Confirm the dosage/frequency on each occasion and consult the medicine consent form to prevent double dosage
- Record on the medication record all relevant details of when medication was given
- Return medications to the secure cabinet in the medical room for storage
- Always take appropriate hygiene precautions (e.g. washing hands)
- Record when a child refuses to take medication and immediately inform parents of this refusal

The school administrator will contact parents if their prescribed medication has reached its expiry date. Expired medicines will be disposed of.



### Parents/carers must provide:

- Written permission by completing the Medication Consent Form
- Sufficient medical information on their child's medical condition
- The medication in its original container with distribution apparatus (e.g. spoon/syringe/spacer etc)
- Sufficient medicine for the dosage to be given in school

Provide the following information in the **Medication Consent Form**:

- Name and date of birth of the child
- Name and contact details of the parent/carer
- Name and contact details of GP
- Name of medicines
- Details of prescribed dosage
- Date and time of last dosage given
- Consent given by parent/carer for staff to administer medication
- Expiry date of medication

### Storage of medications

All medications will be kept in a medical room. Inhalers will be kept in the medical room as well as a second set in the classrooms.

A small fridge will be used for medications that need to be kept cool.

### **Educational Visits**

On educational visits a designated First Aider will also attend in order to administer medications.

### **Sporting Activities**

TPS will ensure that pupils have immediate access to asthma inhalers during sporting activities in the school day and during sports activities.

### Monitoring the Effectiveness of the Policy

Annually, the effectiveness of this policy will be reviewed, or when the need arises, and the necessary recommendations for improvement will be made to the Trustees.

Appendix A

ADMINISTRATION OF MEDICINES AND TREATMENT CONSENT FORM



Medicines will not be administered unless we have the written permission of parents and in the case of prescribed medicines, we must have proof of them being prescribed. Clearly labelled with the child's full name and date of birth. The date when they were prescribed will also be noted.

Name of School	Tarbiyyo	ah Primary Schoo	I	
Name of Child				
Address of Child				
Parents Home Telephone No.				
Parents Mobile Telephone No.				
Name of Child's GP				
GP's Telephone No.				
Please tick the appropriate	box			
My child will be responsible for the self-administration of medicines as directed below				
I agree to members of state treatment to my child as a emergency, as staff may a	lirected b	elow or in the co		
I recognise that school sta			d	
Name of Medicine	Dose	Frequency	Course Finish	Medicine Expiry
Special Instructions				
Allergies				
Other prescribed medications				
Signature of parent or carer				
Date of signature				