

**Administration of Medication in School Policy**  
**Carrickfergus College**  
**This policy supersedes the information within the DRUGS policy**

The Board of Governors and staff of Carrickfergus College wish to ensure that pupils with medication needs receive appropriate care and support at school. The Principal will accept responsibility in principle for members of school staff giving or supervising pupils taking prescribed medication during the school day **where members of staff have volunteered to do so.**

**Medication should only be taken to school when absolutely necessary and with the agreement of the Principal or authorised person. When possible medication should be taken outside of school hours.**

**Medicines will only be administered through the school office.**

As parents are responsible for the administration of medicine to their children, they will be encouraged where reasonably possible to have the pupil return home at lunchtime if a dose of medicine is required then, or the parent or other nominated responsible adult should come to school at the necessary time to administer the medicine. If this is not feasible:

- The smallest practical dose should be brought to the school, preferably by the parent, with clear written instructions for administration, giving the name of the pupil.
- Glass containers must not be carried by pupils.
- The medicine should NOT be kept by the pupil, but in a locked cupboard or cabinet away from pupils. This will be in the school office.
- Exceptions to these guidelines may include asthma inhalers, epilepsy medication, diabetic medication and certain allergy medication.
- The medicine should be self-administered if possible and where appropriate under the supervision of an adult.
- We recognise that teachers or support staff contracts do not commit them to the administration of medicine and that they have the right to refuse to do so. In such cases alternative arrangements will be made by a senior member of staff. At present administration of necessary medication is through the school office.
- **At the request of a parent in writing, should the school agree to administer medicine, a written record of the date and time of administration will be kept by the member of staff.**
  
- Should a pupil be found in possession of a prescribed medicine about which the school has not been informed, the pupil's Head of Year should be informed. The Head of Year will inform the parents of the pupil, reminding them of the school procedures. If abuse is suspected the designated teacher will be informed and normal procedures followed.
- Consult with the designated teacher on any drug related incident at school.

Parents are responsible for providing the Principal, or authorised person, with comprehensive information regarding the pupil's condition and medication.

Prescribed medication will not be accepted in school without complete written and signed instructions from the parents.

Staff will not give a non prescribed medicine to a child unless there is prior written permission from the parents.

Only reasonable quantities of medication should be supplied to the school (e.g. a maximum of 4 weeks supply at any one time, exception to this being Epi-pens)

Parents are responsible for their young person's medication needs on the way to and from school.

Each item of medication must be delivered to the Principal, or authorised person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed, or for short term medication in an envelope**. Each item of medication must be clearly marked with the following information:

- Pupil's name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important)
- Expiry date

**THE SCHOOL WILL NOT EXCEPT ITEMS OF MEDICATION IN UNLABELLED CONTAINERS.**

Unless otherwise indicated all medication will be kept in a locked cabinet for medicines. Records of administration of medicines will be kept.

If pupils refuse to take medicines as requested by the parent, staff will not force them to do so, and will inform parents of the refusal. The school will request the parent to remove the young person so that the medication can be administered at home.

It is the responsibility of the parents to notify the school in writing if the pupil's need for medication has ceased.

It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

School staff will not dispose of medicines. Medicines which are in use and in date should be collected by parents at the end of the school year. Date expired medicines or those no longer required for treatment will be returned to the parent for transfer to a community pharmacist for safe disposal.

For each pupil with long term or complex medication needs the Principal or authorised person will ensure a Medication Plan and Protocol is drawn, in conjunction with the parents and appropriate health professionals.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school. This should not be done unless absolutely necessary.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements with the School Health Service.

The school will make every effort to continue the administration of medication to a pupil whilst on trips from the school premises. However there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

All staff will be made aware of the procedures to be followed in the event of an emergency.

Date of Policy June 2009

**CARRICKFERGUS COLLEGE**

**REQUEST FOR THE SCHOOL TO STORE AND ADMINISTER MEDICATION**

The school will not give your young person medicine unless you complete and sign this form, and the Principal has agreed that the school staff can administer the medicine.

**DETAILS OF PUPIL**

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ M  F  Class \_\_\_\_\_

Condition of illness \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICATION**

Parents must ensure that in date properly labelled medication is supplied.

Name/Type of Medication (as described on the container)

\_\_\_\_\_

Date dispensed \_\_\_\_\_ Expiry Date \_\_\_\_\_

**Full Directions for use**

Dosage and method \_\_\_\_\_

\_\_\_\_\_

**NB Dosage can only be changed on a Doctor's instructions**

Timing \_\_\_\_\_

Special precautions \_\_\_\_\_

Are there any side effects that the school needs to know about?

\_\_\_\_\_

Self Administration Yes/No (delete as appropriate)

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**PROCEDURES TO TAKE IN AN EMERGENCY**

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**CONTACT DETAILS**

Name \_\_\_\_\_

Phone No (home/mobile/work) \_\_\_\_\_

Relationship to pupil \_\_\_\_\_

Address \_\_\_\_\_

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**I understand that I must deliver the medicine personally to the school office/Vice Principal and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.**

Signed \_\_\_\_\_ Date \_\_\_\_\_ Relationship to pupil \_\_\_\_\_

**AGREEMENT OF PRINCIPAL**

I agree that \_\_\_\_\_ ( pupil) will receive \_\_\_\_\_

\_\_\_\_\_ (quantity and name of medicine) every day at \_\_\_\_\_

\_\_\_\_\_ (time(s) medicine to be administered).

This pupil will be given/supervised whilst he/she takes their medication by an instructed member of staff.

This arrangement will continue until the end of the course of medicine \_\_\_\_\_ or until instructed by parents.

Signed \_\_\_\_\_  
(Principal/authorised member of staff)

Date \_\_\_\_\_

**CARRICKFERGUS COLLEGE****REQUEST FOR A PUPIL TO CARRY HIS/HER MEDICATION - Short term use only**

The College does not permit pupils to carry prescribed medicine without written consent. Therefore when a pupil is self medicating e.g. taking paracetamol or cough mixture etc, parents should request permission for this in writing. Only a small dosage should be brought on a daily basis.

**DETAILS OF PUPIL**

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ M  F  Class \_\_\_\_\_

Condition of illness \_\_\_\_\_

**MEDICATION**

Parents must ensure that in date properly labelled medication is supplied.

Name/Type of Medication (as described on the container)

**PROCEDURES TO BE TAKEN IN AN EMERGENCY****CONTACT DETAILS**

Name \_\_\_\_\_

Phone No (home/mobile/work) \_\_\_\_\_

Relationship to pupil \_\_\_\_\_

**I would like my child to keep his/her medication on him/her for use as necessary.**

Signed \_\_\_\_\_ Date \_\_\_\_\_ Relationship to pupil \_\_\_\_\_

**AGREEMENT OF PRINCIPAL**

I agree that \_\_\_\_\_ (pupil) will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will only be for a short term until \_\_\_\_\_ or as instructed by the parent.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Principal/authorised member of staff)

*CARRICKFERGUS COLLEGE REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION - SHORT TERM**Copy to Medical File, Pupil File, Parent*

**CARRICKFERGUS COLLEGE**

*Appendix G*

**REQUEST FOR A PUPIL TO CARRY HIS/HER MEDICATION - LONG term use**

The College does not permit pupils to carry prescribed medicine without written consent. Therefore when a pupil is self medicating e.g. using an epipen, inhaler or injecting for diabetes, only a small dosage should be brought on a daily basis.

**DETAILS OF PUPIL**

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ M  F  Class \_\_\_\_\_

Condition of illness \_\_\_\_\_

**MEDICATION**

**Parents must ensure that in date properly labelled medication is supplied.**

Name/Type of Medication (as described on the container) \_\_\_\_\_

**PROCEDURES TO BE TAKEN IN AN EMERGENCY**

**CONTACT DETAILS**

Name \_\_\_\_\_

Phone No (home/mobile/work) \_\_\_\_\_

Relationship to pupil \_\_\_\_\_

**I would like my child to keep his/her medication on him/her for use as necessary.**

Signed \_\_\_\_\_ Date \_\_\_\_\_ Relationship to pupil \_\_\_\_\_

**AGREEMENT OF PRINCIPAL**

I agree that \_\_\_\_\_ (pupil) will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will only be for ongoing this school year, or until \_\_\_\_\_ as instructed by the parent.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Principal/authorised member of staff)

*CARRICKFERGUS COLLEGE REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION - LONG TERM.*

*Copy to Medical File, Pupil File, Parent*