



George Fentham Endowed School
Hampton in Arden

George Fentham Endowed School
Administrating Medicines Policy

George Fentham Endowed School currently has 4 first aid trained Staff & 5 paediatric trained first aid staff. This includes members of staff in the school office where all prescribed medicines are kept. Training is regularly reviewed to ensure qualifications are current.

Epipen & asthma training is provided for school First Aiders by the school nursing team. Information from this training is displayed in the school office and staffroom.

For those children with potentially serious health care issues such as allergies, healthcare plans are kept in the school office and other prominent places i.e. classroom, kitchen, staff room and BASE if applicable. These plans are drawn up by parents/carers & the schools nursing team. The plans include details of how to recognise the condition & what emergency treatment to give. The plans also include all relevant contact information.

Parental permission is sought to display care plans in the prominent areas.

George Fentham Endowed School uses the recommended *Parental/carer consent to administer a prescribed medicine* (appendix 1) or *Parental/carer consent to administer an over the counter (OTC) medicine* (appendix 2) forms which parents/carers must complete & sign before medicines can be administered. These forms are available from the school office. The school records details of medicines given on the *Administration Record* (appendix 3). All forms regarding medicines are retained for the mandatory time regarding children (25 years).

Medicines for children are kept in a cupboard within the school office, in individual zipped pouches labelled with the child's name and class. The pouches are stored alphabetically and reviewed on a termly basis. Parents are reminded if medication is due to expire in the following term. The office also has a fridge for storing those medications which require storage at low temperatures. If children with medication go on a visit, accompanying staff take the necessary zipped pouches with them. Parents supply additional medication for residential visits if required.

At the end of the duration of the medicine & the end of the school year all medicines are returned to parents/carers. Parents/carers are responsible for providing updated medicines when the child returns to school.



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An Accident, Incident & Illness Register is kept in the school office, providing one copy for parents/carers & one copy for school records which is retained for the mandatory time (25 years).

The school has Health & Safety compliant first aid kits in both Nursery & the school office. The location of first aid kits and who first aiders are is displayed on notice boards in school.

This policy has been prepared with reference to "The Administration of Medicines in Schools and Settings" NHS/Heart of England NHS Foundation Trust (6th edition January 2015)

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Appendix 1: George Fentham Endowed School

Parental / Carer consent to administer a prescribed medicine

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for **each medicine**.

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: One tablet One 5ml spoonful	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for.	
Are there any possible side effects that the school needs to know about? If yes, please list them	

I give permission for my son/daughter to carry their own salbutamol asthma inhaler/Adrenaline auto injector pen for anaphylaxis [delete as appropriate].		
	Not applicable	X
I give permission for my son/daughter to carry their own salbutamol asthma inhaler and use it themselves in accordance with the agreement of the school and medical staff.		
	Not applicable	X



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I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.		
	Not applicable	X

Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the headteacher /senior nursery staff member (or his/her nominee) to administer the prescribed medicine to my son/daughter during the time he/she is at school/nursery. I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school/nursery, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	



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Appendix 2: George Fentham Endowed School

Parental / Carer consent to administer an 'over-the-counter' (OTC) medicine

- All over the counter (OTC) medicines must be in the original container.
- A separate form is required for **each medicine**.

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: One tablet One 5ml spoonful	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for	
Are there any possible side effects that the school needs to know about? If yes, please list them	

I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.		
	Not applicable	X



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Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the Headteacher/senior nursery staff member (or his/her nominee) to administer the OTC medicine to my son/daughter during the time he/she is at school/nursery. I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is no longer needed.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school/nursery.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	

