



Administration of Medication

Medication will be administered to children at school only if the child's parent has completed a form requesting the administration of medicines during the school day. **Only prescribed medication can be administered.**

The school adopts the policy set out by the Education Authority recognising three categories

- Where a child with a short term (acute) illness requires to take medication at school
- Where a child has a chronic (long term) medical condition eg asthma, eczema, diabetes, cystic fibrosis, which requires regular or occasional treatment
- Where a child complains of pains, headache etc

It is the policy of Fernielea Primary School that medication is stored, correctly labelled in a lockable cupboard which is accessible only to named keyholders. Where a fridge is to be used to store the medicine, it will be kept in a sealed container labelled with the child's name and date of birth. A copy of the Parental request form will be kept with the medication.

If a child refuses to take medication as prescribed, the school will contact the parents to inform them.

A record of medication administered will be kept and the parents will be informed of when the medication has been administered.

All medication will be returned to the parents at the end of the agreed administration period. All long term medication will be checked termly and returned to the parent/carer 2 weeks prior to expiry.



Request for School to Administer Medication

(The school will not give your child medicine unless you complete and sign this form)

Pupil Name _____

Date of Birth _____

Class _____

Condition / Illness _____

Name of Medication (as described on the container) _____

For how long will your child take this medication _____

Date dispensed _____

FULL DIRECTIONS FOR USE

Dosage _____

Timing _____

Precautions _____

Side effects _____

Emergency Contacts

Name _____

Relationship to pupil _____ Daytime phone no _____

Address _____

I understand that

- **I must deliver the medication to the school office**
- *If no member of staff who is trained to give the medication is available, then the medication will not be given and I will be informed*
- *I am undertaking to advise the headteacher immediately of any change of treatment prescribed by my doctor or hospital*

Signature _____

Date _____

Relationship to pupil _____