



PROTOCOL FOR
ROUTINE ADMINISTRATION
OF PRESCRIBED MEDICATION IN SCHOOL

APPENDIX 3

School _____
Pupil's Name _____
Address _____
_____ post code _____
Date of Birth _____
Condition or illness _____

CONTACT INFORMATION

Family contact 1

Name _____
Phone no (home) _____ (work) _____
Relationship _____

CONTACT INFORMATION

Family contact 2

Name _____
Phone no (home) _____ (work) _____
Relationship _____

Name of GP _____

Phone no _____

Clinic / Hospital contact _____

Plan prepared by _____ Date _____

Distribution	GP	<input type="checkbox"/>	School Health Service	<input type="checkbox"/>
	Parent	<input type="checkbox"/>	other	<input type="checkbox"/>

Medication is kept _____

Medication expiry date (to be updated as appropriate) _____

1 BACKGROUND

- 1.1 is prescribedby his/her GP/medical specialist and it has been agreed that ... dose/s will be administered during the school day at (time/s).

The medication is prescribed in the form of and one dosage consists of

- 1.2 The arrangements set out below are intended to assist, his/her parents and the school in achieving the least possible disruption to his/her education, but also to make appropriate provision for his/her medical requirements.

2 DETAILS

- 2.1 The head teacher will arrange for appropriate staff in the school to be briefed about’s medication and about other arrangements contained in this document.
- 2.2 The school staff will take all reasonable steps to ensure that receives the medication at the appropriate point/s in the school day.
- 2.3 If there are any proposals which mean that may leave the school site on an educational excursion, prior discussions will be held between the school and’s parents in order to agree appropriate administration and safe handling of his/her medication.
- 2.4 The school will hold, under secure and appropriate conditions, prescribed medication showing an expiry date, clearly marked with the pupil’s name and for use by designated school staff or qualified personnel.
- 2.5 The parent/carer accepts responsibility for maintaining an appropriate supply of up-to-date medication in the school and for its safe delivery to school staff either personally or by another responsible adult.
- 2.6 The parent/carer accepts responsibility for advising school staff in writing of any changes made by the GP/medical specialist to the agreed medication.

3 IDENTIFICATION OF POSSIBLE PROBLEMS

- 3.1 In the event of any dosage being missed or omitted for any reason staff will note details on the record of medication form kept by the school and inform the Head Teacher of the circumstances.
- 3.2 In the event that significant side effects may arise as a result of administration of the medication, staff will be made aware of these and of what to do by the prescribing GP/medical specialist. Details of possible side effects are recorded below:-

Description of possible side effect or reaction	What to do in this case

STAFF INDEMNITY

The Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training and are following the Education Authority's guidelines. For the purposes of indemnity, the administration of medicines falls within this definition and staff can be reassured about the protection provided by the Council. The indemnity covers the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice, indemnity means the Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent and employer.

AGREEMENT AND CONCLUSION

A copy of these notes will be held by the school and the parent/carer. A copy will be sent to the relevant School Health Office, the prescribing GP or medical specialist and the Education Authority for information.

Any necessary revisions will be the subject of further discussions between the school and the parents. Any changes in routine will be noted and circulated.

AGREED AND SIGNED

On behalf of the school

..... Head Teacher date

Parent(s)/Guardian(s) of

..... date

..... date

On behalf of the Education Client Department

..... date

..... date