



RYDES HILL

PREPARATORY SCHOOL & NURSERY

PUPIL PRESCRIBED MEDICATION REQUEST

Extract from our First Aid Policy

Administration of Medicines

1. Medicines can be administered to pupils if parents/guardians have supplied a signed permission form or letter each time a course of **medicine is prescribed**. In addition, medicines must be clearly labelled with the child's name and the School Secretary must be advised by the parents/guardians if the medicine requires refrigeration.
2. The School makes every effort to assist pupils with long term medical needs if parents/guardians have supplied detailed information of the procedures to be carried out. If medicines are to be administered by staff, parents/guardians must provide information in writing detailing the name of the medicine, dose, method of administration, time and frequency of administration and possible side-effects. Training will always be sought where appropriate for staff who are required to deal with particular medical conditions (e.g. diabetes, use of EpiPens). Parents/guardians must hand in the medicine at the School Office themselves (medication is not to be handed in by pupils). It is then secured in the medical cabinet in the School Office or in the secure refrigerator in the Staff Workroom as appropriate.
3. No medicines can be stored over the summer holidays and parents/guardians should collect any unused medicines at the end of the Summer Term. Any medicines not collected will be disposed of. Medicines for chronic conditions may be brought back to School at the beginning of the Autumn Term.
4. Medication (e.g. antibiotics) for short-term conditions should only be brought into School when absolutely necessary. **If possible, dose timings should be arranged so that medicine can be taken out of School hours.** If medicine has to be taken it should be handed in at the School Office and pupils are responsible for reporting to the School Secretary in order that the medication can be taken in accordance with 19 above. (Younger pupils will be reminded of the need to take their medication.).
Staff should not administer non-prescription drugs such as paracetamol. (DofE regulation)
5. Staff should not administer any medication containing aspirin unless it has been prescribed for the child by a doctor, dentist, nurse or pharmacist (even with parental permission) to children under the age of 5 years. (ISI regulations for EYFS framework 2017 which came into force on 3rd April 2017.

Note:

- Where possible, the need for prescribed medicines to be administered at School should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly.
- In order for us to comply with Health & Safety guidelines from the DfE, only the daily dose of medication (for self-administration) should be handed into the School Office. All medicines must be clearly labelled indicating pupil's name, dose, administration and frequency/times.
- All parents must sign and date the Pupil's Medication Form when handing in medicine to the School Office.
- All medication should be collected from the office by the parent/guardian at the end of each day (except for inhalers and EpiPens).
- Pupils must not keep medicines in their classrooms or in their School bags at any time.

To be Completed by Parent/Guardian (please print)

Child's Name:

Parent's Name

Condition or Illness:

Parent's Home No:

Work No:

Please tick the appropriate box:

- My child will be responsible for the self-administration of prescribed medicine as directed
- I agree to members of staff administering prescribed medicines/providing treatment to my child as directed below
- I agree to update information about the child's medical needs held by the School.
- I will ensure that the prescribed medicine held by the School has not exceeded its expiry date.

Name of Prescribed Medicine	Dose	Frequency/Times	Completion date of course <small>(if known)</small>	Expiry date of medicine
Special Instructions:				
Allergies:				
Other prescribed medicines child takes at home:				

Parent/Guardian (please print).....

Signed Parent/Guardian:

Date:

To be completed by Member of School Staff:

	Date	Time	Prescribed Medicine Given	Dose	Staff Signature(s)
1					
2					
3					
4					