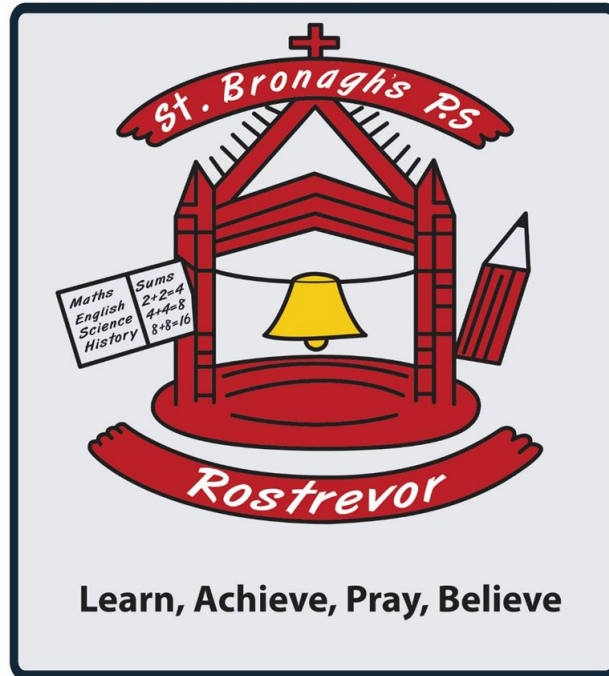


# St Bronagh's Primary School



## School Policy for the Administration of Medication

Date approved by Board of Governors Spring 2026

Review date – Autumn 2028.

## **Mission Statement**

St Bronagh's Primary School aims to develop independent individuals who are equipped to meet the challenges facing lifelong learners. We aim to provide a warm, welcoming, attractive and stimulating environment which supports pupils' learning and celebrates their academic and non-academic achievements.

Our teachers are competent and committed to meeting the needs of all pupils. We strive to provide a stimulating and positive environment that is child centred at all times. We aim to treat children as individuals. Everyone is valued and high expectations are held for all. Children are encouraged to believe in their own ability and everyone is encouraged to achieve their highest personal, academic and social goals.

It is our desire to develop an ethos where each member of the school community is sensitive to and caring towards the needs of others. We welcome, celebrate and respect each and every pupil and provide equal opportunities for all. We aim to foster the development of tolerance, responsibility, respect, self-discipline, commitment and sensitivity. The school seeks, through the Education Reform (NI) Act 1989 to afford every child the opportunity to be educated to his/her full potential by providing a broad and balanced curriculum, which develops the skills, concepts and knowledge necessary to prepare our young people for the world in which they live.

## **Background**

The Board of Governors and staff of St Bronagh's Primary School 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 the school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have volunteered to do so.**

**Please note that parents should keep their children at home if acutely unwell or infectious.**

Parents are responsible for providing the Principal 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 parent.

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

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four week's supply at any one time).

Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.

Each item of medication must be delivered to the class teacher, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed.** Each item of medication must be clearly labelled 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 accept items of medication in unlabelled containers.**

Medication will be kept in a secure place, out of the reach of pupils.

Unless otherwise indicated, all medication to be administered in school will be kept on a high shelf in the appropriate classroom.

- The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. 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.
- If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased or changed.
- 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.
- The school will not make changes to dosages on parental instructions.
- School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term.
- Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
- For each pupil with long term or complex medication needs, the Principal, will ensure that a Medication Plan and protocol is drawn up, in conjunction with the appropriate health professionals. Risk assessments will also be carried out where required.
- Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.
- All staff will be made aware of the procedures to be followed in the event of an emergency.

**Form AM1**

**St Bronagh's Primary School**

**MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS**

Date \_\_\_\_\_ Review Date \_\_\_\_\_

Name of Pupil \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Class \_\_\_\_\_

National Health Number \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

**Contact Information**

**1 Family Contact 1**

Name \_\_\_\_\_

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

(work) \_\_\_\_\_

Relationship \_\_\_\_\_

**2 Family Contact 2**

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

(work) \_\_\_\_\_

Relationship \_\_\_\_\_

**3 GP**

Name \_\_\_\_\_

Phone No \_\_\_\_\_

**4 Clinic/Hospital Contact**

Name \_\_\_\_\_

Phone No \_\_\_\_\_

Plan prepared by -

Name \_\_\_\_\_

Designation \_\_\_\_\_ Date \_\_\_\_\_

Describe condition and give details of pupil's individual symptoms

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Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

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Members of staff trained to administer medication for this child (state if different for off-site activities)

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Describe what constitutes an emergency for the child, and the action to take if this occurs

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Follow up care

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I agree that the medical information contained in this form may be shared with individuals involved with the care and education of \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Parent/guardian*

**Distribution**

School Doctor \_\_\_\_\_ School Nurse \_\_\_\_\_

Parent \_\_\_\_\_ Other \_\_\_\_\_

**Form AM2**

**St Bronagh's Primary School**

**REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION**

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

**Details of Pupil**

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

Address \_\_\_\_\_  
\_\_\_\_\_

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

Class \_\_\_\_\_

Condition or 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

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

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Self-Administration Yes/No (*delete as appropriate*)

**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

\_\_\_\_\_ (*agreed member of staff*) 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.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Agreement of Principal**

I agree that \_\_\_\_\_ (name of child) will receive \_\_\_\_\_  
\_\_\_\_\_ (quantity and name of medicine) every day at \_\_\_\_\_

(time(s) medicine to be administered e.g. lunchtime or afternoon break).

This child will be given/supervised whilst he/she takes their medication by  
\_\_\_\_\_ (name of staff member).

This arrangement will continue until \_\_\_\_\_ (either end date of  
course of medicine or until instructed by parents).

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

**The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil.**

**Form AM3**

**St Bronagh's Primary School**

**REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION**

This form must be completed by parents/guardians.

If staff have any concerns, discuss this request with healthcare professionals.

**Details of Pupil**

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

Address \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Class \_\_\_\_\_

Condition or illness \_\_\_\_\_  
\_\_\_\_\_

**Medication**

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

Name of Medicine \_\_\_\_\_  
\_\_\_\_\_

Procedures to be taken \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Procedures to be taken in an emergency \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Details**

Name \_\_\_\_\_

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

Relationship to child \_\_\_\_\_

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

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

Relationship to child \_\_\_\_\_

**Agreement of Principal**

I agree that \_\_\_\_\_ (*name of child*) will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until \_\_\_\_\_ (*either end date of course of medication or until instructed by parents*).

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(*The Principal/authorised member of staff*)

**The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to the named pupil carrying his/her own medication.**

**Form AM6**

**St Bronagh's Primary School**

**RECORD OF MEDICAL TRAINING FOR STAFF**

Name \_\_\_\_\_

Type of training received \_\_\_\_\_

Name(s) of condition/ \_\_\_\_\_

Medication involved

\_\_\_\_\_  
\_\_\_\_\_

Date training completed

\_\_\_\_\_

Training provided by

\_\_\_\_\_

I confirm that \_\_\_\_\_ has received the training detailed above  
and is competent to administer the medication described.

Trainer's signature \_\_\_\_\_ Date \_\_\_\_\_

I confirm that I have received the training detailed above

Trainee's signature \_\_\_\_\_ Date \_\_\_\_\_

Proposed Retraining Date \_\_\_\_\_

Refresher Training Completed -

Trainer \_\_\_\_\_ Date \_\_\_\_\_

Trainee \_\_\_\_\_ Date \_\_\_\_\_

