



South Hykeham Community Primary School
Wath Lane, South Hykeham
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Headteacher: Mr John Richardson BSc (Hons) P.G.C.E.

Medication Policy

Purpose

We recognise that there may be times when children require medication to be administered during their time in the setting. The purpose of this policy is to ensure the correct administration and storage of any medicines whilst at school.

Roles and responsibilities

Headteacher

- Only medicines that have been prescribed for that individual child will be administered. (Non-prescribed medication such as pain and fever relief or teething gel may be administered only with prior written consent of the parent and only where there is a health reason to do so as stated in the EYFS statutory guidance on p26).
- Aspirin or medication containing Aspirin will not be administered to any children unless it is prescribed by a doctor for a specific medical condition.
- Medication will not be given to the child unless provided by the parents.
- The caveat to this is that the school has its own Calpol and Piriton which can be administered, after consultation with parents.
- Medication is stored in accordance with the product's instructions and out of reach of children at all times.

Staff

- Staff will ensure that a new medication form is completed by a parent for each individual medicine and for each new course of a recurrent medication.
- The administration of medication is recorded in the medications file and includes the signature (witness to the medication being given), date, time, dosage.

Parents

- On the medication form parents will give signed permission for administration of medication including:
 - The name of the child



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- The name of the parent
 - Date
 - Name of medication
 - The dose and time that the medication was last given
 - The dose and times to be administered
 - How the medication is to be administered
- The medicine must be clearly marked with the child's name and in date, in the original container with the prescriber's instructions for administration.
 - The medicine must be delivered into school and collected by the parent themselves (not the child).

Administration of Specialist Medication

We recognise that there may be times when children require specialist medication to be administered for long term medical needs whilst in the setting.

In order that this is regulated, we will ensure that specific permission, instruction and training will be obtained before an agreement is reached with a parent to administer specialist medication (e.g. nebuliser / inhaler / insulin), and life saving/ emergency medications (e.g. adrenaline injections). A health plan is established. This will include:

- A letter from the child's GP/ consultant stating that the child is fit enough to attend the provision and sufficient information about the child's condition;
- We will discuss with parents the medication that their child needs to take and support required;
- Instructions on how and when the drug/ medicine is to be administered and when training is required;
- Training on the administration of the prescription medication that requires technical/ medical knowledge will be arranged for staff from a qualified health professional to ensure medication is administered safely;
- Written proof of training, if required, in the administration of the medication by the child's GP, a school nurse, specialist or community paediatric nurse;
- A health plan will be developed in partnership with parents and any health professional and will be regularly reviewed to detail the needs and support or any changes;
- Prior written consent from the parent for each and every medicine will be obtained before any medication will be administered;
- The medications consent form, filled in appropriately, and signed by parents on the day of the medicine is expected to be given before they leave the child at school;

Arrangements for Monitoring and Evaluation

- Records will be checked by the First Aid Co-ordinator once termly (three times a year).
- Evaluation of the effectiveness of this policy is the responsibility of the Governing Body and should form part of the governing body's annual report on Safeguarding.



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Date for full implementation: October 2023

Signed **Chair of Governors**

Date for review: October 2026

