

# PUSS BANK SCHOOL

Barracks Lane, Macclesfield. 01625 384384

## A Guide to the Administering of Medicines at School

We feel it is in everyone's interests if our policy at Puss Bank School is clarified for parents and carers of our children.

There are few facilities for the safe storage of medicines at school and since young children in particular are naturally inquisitive, a potentially dangerous situation occurs when a bottle of medicine is brought into school.

We also feel that if a child is currently taking medicine; serious consideration should be given as to whether the child should be in school. However, we do recognise 'grey' areas where children may be finishing a course of medicine or where the medicine may be for an on-going condition. We would suggest the following:-

- Medicines which require dosage three times a day should be administered at home (morning, after school and bedtime).
- On the rare occasions where a medicine needs to be given four times daily either a family representative can administer the dose at lunchtime or a member of staff will act as 'loco parentis' (in place of the parents) and administer the dose.

In the latter case, clear written instructions must be provided together with appropriate dosage spoon if necessary. A standard form is provided for this purpose for your completion.

However it should be pointed out that it is very difficult indeed to guarantee to administer medicines at a specific time. If this is an essential part of the medication then it may be necessary for the parents to consider administering the dose themselves since school cannot accept responsibility for administering medicine in circumstances where the timing is crucial.

We would appreciate the co-operation of all parents and carers in this matter.

K Nichol  
Headteacher

# PUSS BANK SCHOOL

## REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher

I request that ..... (Full name of Pupil) be given the following medicine(s) while at school:

Name of medicine	Duration of course	Dose Prescribed	Date Prescribed	Time(s) to be given

Medicine given on:-

Date	Staff initial	Date	Staff initial	Date	Staff initial

The above medication has been prescribed by the family or hospital doctor. It is clearly labelled indicating contents, dosage and child' name in FULL.

I understand that the medicine must be delivered to the school by myself (name) \_\_\_\_\_ or a named responsible adult (name) \_\_\_\_\_ .

And accept that this is a service which the school is not obliged to undertake and also agree to inform the school of any change in dosage immediately.

Signed: ..... Parent/Guardian

Address:

.....  
.....

Received by:- ..... Date:- .....

Returned to:- ..... Date:- .....

**NOTE:** Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.

The Governors and Headteacher reserve the right to withdraw this service.