

Malmesbury Primary School



Administering Short-term Prescribed Medication to Children Procedure

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Committee responsible	Resources
Date ratified by Governors	June 2024
Date for review	June 2027
Signed (Chair of Governors)	
Signed (Headteacher)	

When a parent/carer brings medication to school the primary label should be checked for details of the child's name, the required dosage – including the amount, frequency and length of course, the expiry date and the name of the medication.

No medication will be accepted unless it has a pharmacy label with the above information on it.

The parent/carer should complete the appropriate form – see Annex A.

The medication will be stored in the school office refrigerator in a box with a lid. The box will be labelled "Short-term medication".

Office staff will inform the child's class teacher that the child is on medication.

Medication will only be administered in the school office by a member of the office staff. The office staff will ensure that the child arrives at the office at the correct time for the medication to be given.

Before giving the medication the member of staff will check the details on the pharmacy label and ask a colleague in the office to confirm that the correct dose is being given to the correct child.

The member of office staff who has administered the medication will then complete the appropriate record sheet - see Annex B.

Annex A: Parental agreement for setting to administer Medicine

The school will not give your child medicine unless you complete and sign this form, and the school have a policy that they staff can administer medicine.

Date for review to be initiated by

Name of school

Name of child

Date of birth

Class

Medical condition or illness

Malmesbury Primary School

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precaution/other instructions

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

Self-administration - y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy.

Contact Details

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to

The office staff

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature _____ Date _____

Annex B: Malmesbury Primary School – Record of Medicines Given

[illegible]