



**ABBEYS PRIMARY SCHOOL**  
***Aim, Aspire & Achieve***

**Statement of Procedures for the Administering of Medication in School**

Parental Request to Administer Medication forms are kept in the main school office.

The form on **White** paper is to be completed in respect of prescription medication.

The form on **Yellow** paper is to be completed in respect of non-prescription medication, and is valid for an over the counter medication to be administered for up to 48 hours.

Stages of procedure:

- The relevant form is completed by the parent/carer requesting medication to be administered.
- The form is then passed to the Designated Safeguarding Lead (Headteacher, or a Deputy DSL in the absence of the Headteacher) for counter-signature. The form is now 'live'.
- Information from the form is then recorded on the whiteboard in the main office (on the front of the medicine fridge):
  - Child's name
  - Medication and dosage
  - Time for medication to be administered

This information remains on the whiteboard whilst the medication request remains 'live'. The form is placed in the master file for completion each time medication is given and a copy is kept with the medication.

- BEFORE MEDICATION IS ADMINISTERED, the following checks must be confirmed by the administering adult:
  - Right child
  - Right medication (this includes checking the correct medication and dosage)
  - Right time
- The medication can then be administered, and the remaining details on the form completed, before returning the form to the master file.

**Medication Error Procedure**

In the event of any error in the administration of medication in school, the following procedure must be followed:

- The Designated Safeguarding Lead (Headteacher, or a Deputy DSL in the absence of the Headteacher) must be informed as a matter of urgency. This enables any actions to be taken quickly and accurately for the safety of the child.
- A Medication Error Incident Form must be completed by the adult reporting the error.

***All staff responsible for the administering of medication in school have a duty and obligation to follow this guidance. Failure to report an error in medication can result in disciplinary action as a breach of the school's Code of Conduct.***

### Ad hoc administration of paracetamol during the school day

On some occasions your child may feel unwell in school with complaints such as headache, sore throat or stomach pain. Sometimes these sorts of illnesses can be treated effectively with over the counter medicines such as liquid paracetamol. Written permission will be sought from parents to allow the school to administer paracetamol to your child in these circumstances.

In the event that your child is unwell at school and the school feel that the illness could be treated with paracetamol, even with written permission in place a phone call will be made directly to the parent to ask if permission is given and to find out if any medication had already been given that day.

The medication will then be administered to the pupil by a trained first aider following the recommended dosage for the age of child on the bottle.

Parents will receive a confirmation through medical tracker that medicine has been given noting at what time and the exact dosage.



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 Mrs Jess Fellowes - Headteacher

**Request for School Personnel to Administer Medicine / Inhaler**

Name of Child \_\_\_\_\_ Class \_\_\_\_\_

**Section for Medicines:**

Name of Medication \_\_\_\_\_ To be stored in fridge YES/NO Reason  
 for Medication \_\_\_\_\_ Time to be  
 administered \_\_\_\_\_ Dosage \_\_\_\_\_ No. of Days to  
 be taken \_\_\_\_\_ To be taken home daily YES/NO

Additional Information \_\_\_\_\_

**Section for Inhalers:**

**Please attach a copy of your child's asthma care plan.**

Name of Inhaler \_\_\_\_\_ Expiry Date \_\_\_\_\_ Blue /  
 Brown

\_\_\_\_\_ Expiry Date \_\_\_\_\_  
 Blue / Brown

Time to be administered \_\_\_\_\_ Dosage \_\_\_\_\_

Additional Information \_\_\_\_\_

Name of Parent/Carer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Carer \_\_\_\_\_

**ADMIN USE ONLY**

Authorised by Headteacher: \_\_\_\_\_ Date \_\_\_\_\_

Medicine / Inhaler held @ School Office / Classroom / Other \_\_\_\_\_



## Abbeys Primary School - Medication Error Incident Form

Name of child involved : \_\_\_\_\_

Class : \_\_\_\_\_

Date of incident : \_\_\_\_\_ Time of incident : \_\_\_\_\_

Reporting to Headteacher/Deputy Designated Safeguarding Lead

Date incident reported: \_\_\_\_\_ Time incident reported : \_\_\_\_\_

Adult reporting the incident : \_\_\_\_\_

Details of the incident :  
(include what happened and accounts of all involved, as appropriate)

Signed : Adult reporting the incident .....

Headteacher/Deputy Designated Safeguarding Lead: .....

Date : .....

Actions taken :

- Parent/Carer informed - by telephone / in person
- LADO informed - Yes/No
- File Note completed - Yes/No
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