



Administration of Medication in Educational Establishments

Summary Of Procedure For Non-Residential Staff

1 In all cases where medication is administered:

- (1) Give parents the information, including Guidance forms, PR or SA ([Appendix 1](#)).
- (2) Parent completes forms PR or SA and returns to school **with doctor's letter**. Where appropriate, written instructions on the medication is normally sufficient.
- (3) PR or SA and **medical advice** is stored in the pupil file.

2 Where there is concern or in the case of essential medication, eg for peanut allergy or epilepsy:

- (1) In **all** cases form PR or SA is completed by the parent. Give the parent the Emergency Guidance for Parents ([Appendix 2](#)).
- (2) Contact Community Health Doctor or Service Manager for advice, if you feel the request by the parent is more complex.
- (3) The doctor will contact the Head of Establishment to arrange a suitable time for briefing for all staff.
- (4) The agreement and medical protocol are then drawn up, using form PP(1) or PP(2) as appropriate. The medical protocol is provided by the doctor. The Head of Establishment writes the school/establishment management protocol. Both protocols are attached to the agreement form.

3 For young people in residential units:

Please refer to the specific guidance in the following section.



Guidance On The Administration Of Medication

Introduction

From time to time, the head of an establishment may be asked by parents, or by young people themselves if over the age of 16, to arrange for the administration of medication on an ongoing basis. When this is essential, heads of establishments are asked to ensure that, where such requests are received and where there are members of staff willing to assist, appropriate arrangements are made to safeguard the interests of both staff and young people. Staff acting in accordance with these guidelines can be assured that they will receive the full support of the Authority.

This guidance does not place a requirement for staff to accede to all requests for assistance made by parents, but sets out procedures to be adopted where the request for assistance can be reasonably met. Routine medication should be administered by the parent at home.

Two major factors have been taken into account in the production of this guidance:

- *Current medical thinking places considerable importance on young people being enabled to control their own medication whenever possible.*
- *More young people who have special educational needs and/or medical conditions are being educated in mainstream settings.*

This guidance also emphasises the requirement for parents or young people to provide written information about self-administered medication such as asthma inhalers, which may be required during the day. This does not, however, place a requirement on heads of establishments to be responsible for holding supplies of such drugs, or recording the dosage taken.

Restrictions On The Administration Of Medicines

It must be emphasised that the arrangements described in this guidance relate only to situations where there is an explicit request by a parent, or by the young person over 16 years. In no circumstances should staff administer medication on their own initiative, nor should young people be permitted to take medication on an ongoing basis without following the correct procedure. (see Forms PR, SA and PP in Appendix 1).

Heads of establishments should make clear to parents that young people should not be in possession of medicines other than under these procedures.



Definition of Routine Medication

Routine medication **should not require** to be administered during school hours. In general therefore staff should not become involved in the administration of routine medication.

Parents should ensure that their child's medication is prescribed in dose frequencies which enables it to be taken outwith school time. There are two exceptions to this rule:

- *where it is important for diagnostic purposes that medication is given at a specific time and the consequences observed and noted.*
- *where a short course of prescribed medicine is required to be completed and the prescription states a specific time for the medication to be administered.*

In these cases parents should complete forms PR or SA as appropriate and return to the establishment.

If it is important that medication is administered during contact hours, the arrangements noted in the next section will apply.

If heads of establishments are in any doubt about the appropriateness of the administration of medication they should contact their Service Manager.

Administration in an Emergency of Essential Medication

There are some medical conditions which will be subject to routine management by GPs and/or health specialists. The routine management of these conditions will be covered by the arrangements described in the section above. However, there may be occasions when the condition changes significantly in its presentation and as such may require the administration of essential medication during the day, for example, epilepsy. Medication might also include the administration of insulin for diabetes or epipen for anaphylactic shock and allergy reactions.

Arrangements for the administration of essential medication in an emergency must take place within the wider context of the management of the total medical condition on a routine basis by the Health Services. This routine management will ensure that the occasions when medication in an emergency may be required will be very rare.

Conditions such as these will be notified to Education & Children's Services by the Health Services in a planned manner and arrangements will be put in place by both Education & Children's Services and Health Services to ensure that staff are advised of clear procedures and guidelines for the administration of essential medication in emergency cases.

Parents will be advised that a written request must be submitted, on the Form PR.



Education &
Children's Services

Parental Request for Medication to be Administered

1. YOUNG PERSON'S DETAILS

Name: Date of Birth:

Address:

.....

School:

Tel. No: Home: Emergency:

2. DETAILS OF MEDICATION/MEDICAL CONDITION

I wish my son/daughter to have the following prescribed medication administered by staff as indicated:

A Nature of medical condition:

B Name of medicine(s):

C Prescribed by (please tick as appropriate):

General Practitioner <input type="checkbox"/>	Hospital <input type="checkbox"/>	Other <input type="checkbox"/>
Name	Name	Specify
Address	Address	Address
.....

N.B. Written instructions from a medical professional are required

D Times at which medicine(s) to be given
(please specify times or **as required**)

.....

E Dose of medicine(s) to be given and means of administration

.....

<p>PR Continued</p>

F Length of time current supply of medicine will cover

G Any special precautions required

H Any possible side effects

NB Staff are not required to administer medication. You may be required to sign an agreement for the implementation of an individual pupil protocol in certain circumstances. The Headteacher will give you details and information of this if required.

3. STAFF INDEMNITY

The Local Authority hereby indemnifies and holds harmless all staff at the school from, and against all actions, costs, charges, losses, damages and expenses which they or any of them shall or may incur or sustain by reason of any act or omission by them, in the administration of the medication to the Pupil, provided always that the member of staff has acted within the remit of their authority and without malice.

4. PARENTAL RESPONSIBILITY

- (i) I accept responsibility for delivering the medicine(s) personally to you, and to replace them wherever necessary.
- (ii) I accept responsibility for ensuring that medication is correctly labeled and has not passed any 'use by' date.
- (iii) I accept responsibility for advising you immediately of any change of treatment prescribed by any doctor or hospital.
- (iv) I understand the terms of the Staff Indemnity.

Signature: Date:
Parent/Carer



PR
Continued

Date received by Establishment: Signature:
Head of Establishment

ACTION TAKEN



Education &
Children's Services

SA

Parental request for medication to be self-administered

To: Head of Establishment.....

I wish my son/daughter when necessary, to be permitted to take the following medicine(s).

(a) Name of medicine(s):

(b) By whom prescribed: (please tick as appropriate)

General Practitioner Hospital Other

(c) Times at which medicine(s) to be taken and/or test(s) to be performed:

Set times (please specify)

.....

or when required

.....

(please indicate the circumstances in which the medicine(s)/test(s) should be used)

(d) Dose of medicine(s) to be given and means of administration and/or details of test:-

.....

.....

(e) Length of time current supply of medicine(s) will cover

(f) It is/is not essential for a member of staff to record each dose of medicine and/or each test performed.

(g) My son/daughter will carry the above medicine(s) at all times, for taking as required.

(h) My son/daughter can recognise when they need to take their medication.

(i) I undertake to advise you immediately of any change of treatment prescribed by my doctor or hospital.

Signature Date
(Parent/Guardian)

Address

Daytime telephone no.

K2
Continued

Name and Address of GP

.....

Telephone Number of GP

.....

Comment:

.....

.....

.....



Agreement for the Implementation of an Individual Young Person Protocol

(When medication is being administered by the staff)

1 YOUNG PERSON'S DETAILS

Name

Date of Birth School

Address

2 EMERGENCY CONTACTS

Parent's/Carer's Name

Tel: (Home) (Work)

Parent's/Carer's Name

Tel: (Home) (Work)

Emergency Contact

Name Tel No:

GP Name Tel. No:

Other (Name) Tel. No:

3 INDIVIDUAL TREATMENT PROTOCOL

To be provided by Health Professional (GP, Specialist or Community Child Health Service) and attached to this proforma.

4 DETAILS OF MEDICATION *(for details see Establishment's Management Protocol)*

MEDICINE	DOSE	COMMENT

PP(1)
Continued

7 CONCLUSION AND AGREEMENT

- (i) These notes will be held by the establishment, parents, local health centre, community child health service and local authority.
- (ii) In the event of revision, a new agreement will be drawn up and circulated as above.
- (iii) The parents, establishment and local authority hereby acknowledge and agree that medication will be administered to the young person in accordance with the provisions of this agreement and attached protocol.
- (iv) **AGREED AND SIGNED**

I wish my son/daughter to have the above medication administered by staff in the case of emergency. I understand that staff will have been provided with briefing by appropriate health personnel prior to administering any such emergency treatment. I have read and understood the staff indemnity, highlighted in the Parental Request Form provided by Perth and Kinross for the protection of staff.

Signed Date
(Parent/Carer)

Counter- signed by:

Head of Establishment Date.....
(On behalf of the Educational Establishment)

Community Health Officer Date
(On behalf of the Health Board)

Signed Date
(On behalf of Education & Children's Services)



Education &
Children's Services

PP (2)

Agreement for the Implementation of an Individual Young Person Protocol

*(When medication is **not** being administered by staff)*

1 YOUNG PERSON'S DETAILS

Name

Date of Birth School

Address

2 EMERGENCY CONTACTS

Parent's/Carer's Name

Tel: (Home) (Work)

Parent's/Carer's Name

Tel: (Home) (Work)

Emergency Contact

Name Tel No:

GP Name Tel. No:

Other (Name) Tel. No:

3 INDIVIDUAL TREATMENT PROTOCOL

To be provided by Health Professional (GP, Specialist or Community Child Health Service) and attached to this proforma.

4 DETAILS OF MEDICATION *(for details see Establishment's Management Protocol)*

MEDICINE	DOSE	COMMENT

PP(2)
Continued

CONCLUSION AND AGREEMENT

- (v) These notes will be held by establishments, parents, local health centre, community child health service and local authority.
- (vi) In the event of revision, a new agreement will be drawn up and circulated as above.
- (vii) **AGREED AND SIGNED**

I agree that the attached protocol is implemented by staff in the case of emergency. I understand that medication will not be administered by school staff. I have read and understood the Staff Indemnity, highlighted in the Parental Request Form provided by Perth and Kinross for the protection of staff.

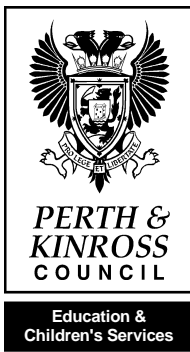
Signed Date
(Parent/Carer)

Counter signed by:

Head of Establishment Date.....
(On behalf of the Establishment)

Community Health Officer Date
(On behalf of the Health Board)

Signed Date
(On behalf of Education & Children's Services)



APPENDIX 2

Guidance for Parents

Arrangements for dealing with a medical condition requiring essential treatment.

Guidance for Parents

Should your child have a medical condition which may require essential treatment or emergency administration of medication, the following arrangements exist:

- 1 Education & Children's Services staff are under no obligation to administer medication to any child. However, they may, after briefing by the Community Child Health Service, volunteer to administer medication in an emergency. If no staff volunteer, an emergency procedure will be put in place.
- 2 A Parental Request Form **must** be completed for either medication administration by staff (PR) or for medication to be self-administered (SA).
- 3 This should be accompanied by a letter from a doctor detailing your child's condition, symptoms and treatment. The Community Child Health Service (Doctor) may be able to assist with the writing of this.
- 4 The educational establishment will hold medication, under security conditions and clearly marked, for use by/for your child.
- 5 You are responsible for supplying this medication to a responsible member of staff. **YOU SHOULD NOT SEND IT WITH YOUR CHILD.** You are also responsible for maintaining up to date medication.
- 6 The attached form (PP) will be filled out by the Head of your child's establishment. Details of how your child's medical condition will be managed when in the care of Education & Children's Services will be attached to this form by the Head of Establishment.

This form (Agreement for the Implementation of an Individual Young Person's Protocol) contains details of emergency contacts, medical treatment and staff briefing. It also contains an indemnity.

- 7 You will be asked to sign the agreement form, which will also be signed by representatives of Education & Children's Services and the Health Board.

APPENDIX 2

This will ensure that all parties are aware of the way your child's condition will be managed.

- 8 If you have any queries about the management of your child's medical condition within Education and Children's Services establishments, you should contact the Head of Establishment.

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