



# Hanover Street School



\*image from Care Inspectorate's Management of medication in daycare of children and childminding services document (2014)

## Administration of Medication

## Policy and Procedures



<b>Relevant Performance Indicators</b>		
UNCRC		<p>Article 3 – all adults should do what is best for you</p> <p>Article 19 – the right to be protected from being hurt or badly treated</p> <p>Article 24 – the right to the best health possible and to medical care and to information that will help you to stay well</p>
HGIOELC (2016) & HGIOS4 (2015) Quality Indicators	<p>1.4</p> <p>1.5</p> <p>2.1</p> <p>3.1</p>	<p>Leadership and Management of Practitioners</p> <p>Management of Resources to Promote Equity</p> <p>Safeguarding and Child Protection</p> <p>Ensuring Wellbeing, Equality and Inclusion</p>
Health & Social Care Standards (2017)	<p>1.24</p> <p>2.23</p> <p>3.21</p> <p>4.14</p>	<p>Any treatment or intervention that I experience is safe and effective.</p> <p>If I need help with medication, I am able to have as much control as possible.</p> <p>I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing that I may be unhappy or may be at risk of harm.</p> <p>My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.</p>

<b>Policy Written By</b>	Gael Ross for Aberdeen City Council (November 2018), and adapted by Gillian Forbes, Depute Head Teacher, 2019 onwards
<b>In Consultation With</b>	Nursery Team and relevant guidance
<b>Date(s) of Review &amp; Changed Made</b>	<ul style="list-style-type: none"> <li>Created November 2018</li> <li>August 2019 - Addition of Care Inspectorate requirements for nursery (p4)</li> <li>August 2020 - Addition of Duty of Candour info (p4)</li> <li>May 2021 – addition of new sections: <ul style="list-style-type: none"> <li>- Relevant Guidance</li> <li>- Roles &amp; Responsibilities</li> <li>- General Awareness</li> <li>- Health &amp; Safety Reporting</li> <li>- Quality Assurance</li> <li>- Amended Medication Forms (staff checklists added on appendices as aide memoirs)</li> </ul> </li> </ul>
<b>Date of Next Review</b>	August 2022 or sooner if legislation/guidance dictates
<b>Signature(s)</b>	<i>Gillian Forbes</i>



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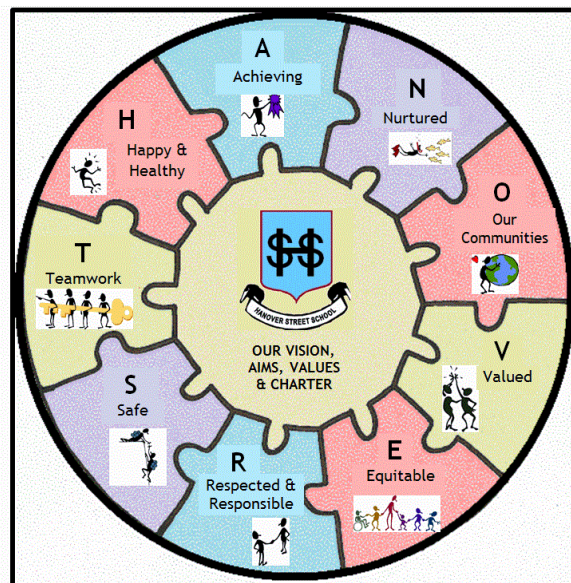


## 1. Aims

At Hanover Street, we aim to ensure that everyone in the school community (pupils, parents, staff and community partners) is:

- happy and **healthy**
- **respected** and **achieving** in their roles and **responsibilities**
- **a nurtured** and **valued** part of the school **team/community**, and ultimately, are
- **safe** and cared for in a secure, inclusive and **equitable** environment.

These aims and rights can be summarised by the school's charter, which is shown below and displayed around the school.



## 2. Introduction

As part of supporting and realising these aims and rights, many pupils will need to take medication in school at times.

In most cases the administration of medication will be **short-term**. Other pupils have medical conditions such as asthma or diabetes that if not properly managed could limit their access to education and the administration of medication in these circumstances is likely to be **long-term**.

Some children have conditions that also require emergency treatment and plans e.g. severe allergic conditions (anaphylaxis) or epilepsy. Pupils with such conditions are regarded as having **health care needs** and may require some support or reasonable adjustments to be fully included in the life of the school.

It is important for the school to have **sufficient information** about the medical needs of any pupil who requires support in school. **Early warning** of needs will allow necessary plans, procedures and monitoring processes to be put in place. The school therefore needs to know about any health needs before a child starts nursery



or school, or when a pupil develops a condition requiring the administration of medication during the day.

### **3. Relevant Guidance**

Hanover Street School's Administration of Medication Policy and Procedures have been written in consultation with

- [Care Inspectorate's Management of medication in daycare of children and childminding services document \(2014\)](#)  
and
- [Care Inspectorate's Early learning and childcare improvement programme – Medication Quick Wins Bite Size Session: <https://youtu.be/xDZubqLHxCU> \(October 2020\)](#)

### **4. Working in Partnership - Roles and Responsibilities**

Many pupils will need to take medication (or be given it) at school at some time in their school life.

Pupil Support Assistants support the administration of medication in Aberdeen City schools. In our nursery, this is supported by the DHT, SEYP, EYPs, and ELCSW.

Mostly this will be for a short period only, e.g. to finish a course of antibiotics. To allow pupils to do this will minimise the time they need to be off school. Medication should only be taken to school when absolutely essential and with the agreement of the Head Teacher.

We have clarified roles and responsibilities below:

#### **Parents, Carers and Families**

Parents and carers have **prime responsibility** for their child's health. They must provide information about their child's health needs when first enrolling in Nursery or School. Parents and carers should also make contact with the school, at the earliest opportunity, where medical conditions are discovered during the pupils' schooling. This will allow appropriate plans to be developed and agreed.

It is helpful if, where possible, medication can be prescribed in dose frequencies, **which enable it to be taken outside school hours**. Parents should be encouraged to ask the prescribing doctor or dentist about this.

#### **Senior Leadership Team (SLT - Head Teacher/Depute Head Teacher)**

The Senior Leadership Team is responsible for:



- making sure the administration of medication policy is made known, shared with staff and parents, is readily available and regularly reviewed.
- making sure all staff know their responsibilities and receive training and support in carrying these out.
- having systems in place to allow effective and regular monitoring of administration of medication procedures.
- liaising with any other agencies involved with the child/family's health needs.
- seeking parents' and pupils' agreement before passing on information to other school staff. Sharing information is important if staff and parents are to ensure the best care for a pupil. Parents' and pupils' cultural and religious views will always be respected.
- give support to all staff who provide support for pupils with health care needs, or administer medication, health service professionals and parents, giving/sharing access to information and training, giving reassurance about their legal liability.

### **Administration Staff**

The administration team are responsible for:

- ensuring consent form and relevant information is sent to parents, carers and families
- accurately updating admission information into the Council/School Database
- transferring other information, in line with GDPR guidance
- disseminating important information (medical and consents) to appropriate staff (e.g. administration folders for teachers, allergies and dietary requirements to kitchen team)

### **Class Teachers**

Teachers have the following roles:

- to familiarise themselves with the medical needs of the children in their class (see administration folder)
- pass on any relevant information to administration and Senior Leadership Team, if received by children, parents/carers
- support the children in accessing their medication (for example, reminding children to go to main office for medication at a certain time)
- signing as a witness to administration of medication, if required

### **Senior Early Years Practitioner**

The SEYP has the following responsibilities:

- supporting children in the administration of medication
- supporting the Nursery Staff Team in ensuring this policy and procedures are followed (including supply staff)
- creating and maintaining the relevant medication/first aid administration file in nursery
- sharing relevant information with kitchen/catering staff regarding nursery lunches and dietary/allergy requirements



- liaising with any other agencies involved with the child/family's health needs (e.g. child's Health Visitor, Speech and Language Therapy, etc)

### Early Years Practitioners/Support Workers/Pupil Support Assistants

- supporting children in the administration of medication
- effective recording and reporting by following the policy and procedures in place
- seeking guidance in case of any uncertainty over administration of medication
- liaising with any other agencies involved with the child/family's health needs (e.g. child's Health Visitor, Speech and Language Therapy, etc), as part of the Key Worker role – EYPS only.

### Kitchen/Catering Team

- making children's dietary requirements known to themselves
- having a clear display of pupils' needs in the kitchen
- sharing relevant information with nursery staff regarding nursery lunches and other catering issues

### Pupils

Pupils will be guided to support themselves and other pupils to:

- identifying their own feelings, and expressing them
- ask if they need help
- learn and follow new routines, promoting independence and resilience

## 5. Systems and Procedures

The school is required to have systems in places for the appropriate recording of the administration of medication. These systems and records are detailed below:

### a. Administration of Medication Process

- When the school is asked to support the administration of medication, parents and carers are asked to complete an **Agreement for Administration of Medication Form (Appendix 1)**. Upon receipt of completed form, we will ensure that there is clarity around who will support the administration of medication and that the instructions contained within the form are effectively communicated with relevant staff.
- Parents will be issued with a **School Response Form (Appendix 2)** to confirm that medication will be administered in line with parental request.
- When a child has longer term needs, parents will in collaboration with the pupils, health professionals and the SLT, reach an understanding on the school's role in helping support the health care needs. This understanding should form the basis of a **Health Care Plan (Appendix 3)**. The **Health Care Plan** will be completed as soon as reasonably possible and prior to admission where possible.



- The **Administration Of Medication Record (Appendix 4)** is used when medication is given.
- Completed records of administering medication are kept on file in case the administration of medication is ever questioned.

### **b. Non-Prescription Medicine**

If a pupil suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate painkillers in the original container, labelled with their child's name and with written instructions about when their child should take the medication. A member of staff should supervise the pupil taking the medication and notify the parents, in writing (**Appendix 7**), on the day painkillers are taken.

In the nursery, we will not give out any children's paracetamol or ibuprofen (antipyretic agents). Antipyretics help to reduce fever as well as being painkillers. These aren't always necessary.

In line with the [guidance](#), we do not use antipyretic agents with the sole aim of reducing body temperature in children with fever.

### **c. Storing Medication (Appendix 5)**

Schools should not store large volumes of medication. Parents should supply weekly or monthly supplies of the doses to be taken at school, **in their original container with the name of the pupil, the name of the drug, the dosage frequency and expiry date**. This may require parents to obtain a separate prescription for the medication to be taken at school.

Where a pupil needs two or more prescribed medicines, **each should be in a separate container**.

The SLT is responsible for making sure that medicines are stored safely. Pupils should know where their own medication is stored and who holds the key. A few medicines, such as asthma inhalers, must be readily available to pupils and must not be locked away. Pupils will have access to their medicine when required.

An overview diagram is available in **appendix 5**.





#### **d. Administering Medication (Appendix 6)**

**School staff should not give the first dose of a new medicine to a child. Parents should have already given at least one dose to ensure that the child does not have an adverse reaction to the medication.**

Staff who provide support for pupils with health care needs, or administer medication, will be given support from the SLT, health service professionals and parents, have access to information and training, and reassurance about their legal liability.

If in doubt about any of the procedures the member of staff should check with the parents or a health professional before taking further action. Staff administering medication must be aware of this guidance and where possible be witnessed administering all medication. If this is not possible, parents should be made aware of this on the Health Care Plan.

Staff administering prescribed medication to a pupil will have appropriate training and guidance. He or she should also be made aware by a health professional of possible side effects of the medication, how staff can recognise these side effects and what to do if they occur.

School staff should not administer medication without appropriate training from health professionals. Different levels of training will be required for different medications.

If too much medication is given, or if it given to the wrong child, parents should be informed, and the emergency services should be contacted immediately.

#### **e. Refusal of Medication**

If pupils refuse to take medication, school staff will not force them to do so. The school will inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services for an ambulance.

#### **f. Disposal of Medication**

School staff should not dispose of medicines. Date expired medicines or those no longer required for treatment should either:

- with the parent's consent be removed by a community pharmacist, or
- returned to the parent/carer for transfer to a community pharmacist for safe disposal.

Medicines which are in use and in date should be collected by the parent/carer at the end of each term/session depending upon the expiry dates.



## 6. Emergency Procedures

Staff who may need to deal with an emergency will need to know about a pupil's health care needs. Visiting teachers are also fully informed of individual's health care needs where appropriate.

\*In Nursery, we have an emergency folder which contains important information for supply staff. The SEYP should make this known to any supply staff.

All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. Staff noticing an apparent deterioration in a pupil's health should inform the Head Teacher.

If a pupil is taken to hospital by ambulance they will be accompanied by a member of staff who will remain until the pupil's parent arrives. The member of staff should have details of any health care needs and medication the pupil has. Generally staff should not take pupils to hospital in their own car. However, in an emergency it may be the best course of action. Wherever possible the member of staff would be accompanied by another adult and have public liability vehicle insurance.

## 7. School Trips

Sometimes the school may need to take additional safety measures for outside visits. For administration and recording of medicines administered on school trips:

- in the nursery, the SEYP **and** children's Key Workers are responsible for ensuring medication is taken on trips.
- in the primary stages, this responsibility lies with the Class Teacher.

## 8. General Awareness & Useful Links

The most common medical conditions in school age children which require support are Asthma, Diabetes, Epilepsy, Eczema, Allergic reactions (anaphylaxis if severe) and Cystic Fibrosis.

Irrespective of whether staff in schools support pupils with health care needs and administer medication to these pupils, they all may come into contact with such pupils during the course of a school day. A basic understanding of these common conditions will help staff recognise symptoms and seek appropriate support. A programme of general awareness training for staff is provided where possible, and accurate, relevant links/information can be found below:

- Asthma - <https://www.asthma.org.uk/>
- Diabetes - <https://www.diabetes.org.uk/>
- Epilepsy - <https://epilepsysociety.org.uk/>
- Eczema - <https://nationaleczema.org/eczema/>
- Allergic reactions (anaphylaxis if severe) - <https://www.allergyuk.org/> and <https://allergytraining.food.gov.uk/>
- Cystic fibrosis. - <https://www.cff.org/>



## 9. Communicating With Others / Confidentiality

The Head Teacher and school staff treat medical information confidentially. Information on a pupil's health care needs is likely to be sensitive data covered by the Data Protection Act 1998. Care is therefore to be taken to ensure that consent is obtained before passing information to another party.

By virtue of the Age of Legal Capacity (Scotland) Act 1991, a person under the age of 16 has legal capacity to consent to any surgical, medical or dental procedure if, in the opinion of a health professional, that person is capable of understanding the nature of the treatment.

Any exchange of information should be with the consent of the child/young person (if he/she has the necessary capacity to understand why) or otherwise the parent or guardian. Once consent has been obtained, sensitive information about a pupil should be shared only with those who need to know. Escorts and others should only be told what is necessary for them to know to keep the child safe.

The SLT will agree with parents exactly what support the school can provide for a child with health care needs. Where there is concern about whether the school can meet a pupil's needs, or where the parents' expectations appear unreasonable, the Head Teacher can seek advice from the school nurse or doctor, or other medical advisers and, if appropriate, Officers from the Authority.

## 10. Reporting and Notifications

### a. Aberdeen City Council Health & Safety Reporting - Near Miss/Incident Reports

If any incidents occur regarding administration of medication, this may also require to be reported in line with Aberdeen City Council Guidance. This may be regarded as a "near miss" or an "incident."

Health and Safety Guidance can be found on the Zone:

[http://thezone/AskHR/HealthandSafety/health\\_and\\_safety.asp](http://thezone/AskHR/HealthandSafety/health_and_safety.asp)

### b. Care Inspectorate

\*In nursery, the school is required keep records, and to inform Care Inspectorate of any accidents or incidents as detailed on the Care Inspectorate site: <https://www.careinspectorate.com/index.php/notifications>

\*There is also another duty – the [Duty of Candour](#), which may need to be triggered in the case of a significant adverse event occurring, relating to medication.

The person responsible for this is **Gillian Forbes, Depute Head Teacher.**



## **11. Quality Assurance**

SLT have a Quality Assurance system in place for termly monitoring of the medication procedure. This may include:

- Tracking a child who uses medication
- Looking at medication forms
- Checking medication storage and expiry dates
- Speaking with staff regarding children's medication needs
- Speaking with parents/carers



# Administration of Medication Policy

## APPENDICES



## Appendix 1 - Agreement for Administration of Medication

### General Information

Name of Pupil			
Address			
Date of Birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Class			
Medical Condition			
Describe medical condition and give details of pupil's individual symptoms			

### Medication

Name of Medication			
Strength of medication (as appropriate)			
Form of medication (tablet, liquid etc.)			
Dosage of medication			
Has your child received a dose of this medication before?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, were there any adverse reactions?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Method and time of administration		Storage in fridge?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Daily Care Requirements / Special precautions (e.g. before sports, nursing needs)			
What to do if first dose not effective?			
Action to be taken in an emergency			
Follow up care / Side Effects			
How long will your child take this medication?		Date dispensed	/ /

Parent / Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Review dates and staff checklist overleaf:**



**Review Dates (should be reviewed every 3 months as a minimum, or at each start of each term):**

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

**The information on this form should be reviewed every 28 days in accordance with Care Commission recommendation.**

**STAFF CHECKLIST:**

- Is **every** section complete?
- Is **every** section clear, easily read, and easily understood?
- Have you **shared with SLT**, for them to complete **appendix 2**?
- Have you made plans to share this information with the rest of the Nursery team?

**Medication Folder**

- Have you added child's name to "Who is currently using medication?" list?
- Have you created a polypocket file for this child, for section 1 of Medication folder, with completed appendices 1, 2, 3 (if necessary) and 4 in it, ready to go?
- Have you added details to medication monthly check record?

**Storage**

- Have you stored and labelled medication correctly?
- Have you consulted nursery team **one more time**?



## Appendix 2 - School Response Form

Name of Pupil:	Date of Birth:
----------------	----------------

I agree that (pupil name)	
will receive (name and quantity of medication)	
daily at (time medication to be administered)	
They will be supervised by (name/s of staff)	
This arrangement will continue until (Either end date of course of medication or until instructed by parent / guardian)	

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Senior Leadership Team Signature (HT/DHT): \_\_\_\_\_

**The information on this form should be reviewed every 28 days in accordance with Care Commission recommendation.**

### **STAFF CHECKLIST:**

- Have you photocopied this form?
- Have you given **original** signed copy of this to parents?
- Have you filed **photocopy** in section 1 of medication folder?
- Are you again confident that all staff in the nursery are aware of this medication need?





## Appendix 3 - Health Care Plan

### Health Care Plan for a Pupil with Medical Needs

#### General Information

Name of Pupil	
Date of Birth	
Medical Condition	
Class	
Describe medical condition and give details of pupil's individual symptoms	

#### Medication

Name of Medication	
Strength of medication (as appropriate)	
Form of medication (tablet, liquid etc.)	
Dosage of medication	
Method and time of administration	
Daily Care Requirements (e.g. before sports, nursing needs etc.)	
Action to be taken in an emergency	
Follow up care / Side Effects	
Name/s of staff trained to administer medication	

**The information on this form should be reviewed every 28 days in accordance with Care Commission recommendation.**

**PLEASE TURN OVER (this is page 1 of 3)**



Storage:

Medication will be stored:
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Contact Information

Family Contact 1

Name		
Phone Number	(Home)	(Work)
	(Mobile)	
Relationship		

Family Contact 2

Name		
Phone Number	(Home)	(Work)
	(Mobile)	
Relationship		

GP

Name	
Clinic	
Phone Number	

Plan Prepared by

Name		
Designation		(Date)

Distribution

Parent	
School Doctor	
School Nurse	
Other	
Other	
Other	

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of:

\_\_\_\_\_ (insert child's name)

**PLEASE TURN OVER (this is page 2 of 3)**



Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Senior Leadership Team Signature (HT/DHT): \_\_\_\_\_

**Reviewed:**

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ SLT:: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ SLT:: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ SLT:: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ SLT:: \_\_\_\_\_

**STAFF CHECKLIST:**

**Paperwork**

- Is **every** section complete?
- Is **every** section clear, easily read, and easily understood?
- Have you **shared with SLT**, with **appendices 1 and 2 (and their checklists) already complete?**
- Have you **distributed** copies of this plan to relevant people?
- Have you **stored** a copy in the medication folder in the child's individual section?
- Does each copy of this plan have ALL 3 sheets, stapled together?

**Storage**

- Have you checked the medication is still stored and labelled correctly?
- Again, have you made plans to share this information with the rest of the Nursery team?



## Appendix 4 -Administration of Medication Record

### General Information

Name of Pupil	
Name of Medication	

### Record of Administration

Date	Time	Dose given	Name of Staff	Signature	If refused / not administered record reason

If a child refuses to take medication or if it is not given at the correct time please contact the parents immediately and take appropriate action.



## Appendix 5 - Storage of Medication

### Inhaler

- Plastic container clearly labelled with picture, name and DOB
- (P4-7) Stored in individual child's tray
- (P1 - P3) Stored by class teacher
- **Nursery - Stored in nursery medication cupboard**

### Epi-pen etc

- Plastic container clearly labelled with picture, name and DOB
- Plastic container should contain epi-pen and Health Care Plan
- Annex building - Epi-pen to be kept in class and staff should transfer it to the main office during break, lunch etc.
- All other Epi-pens to be kept in the main office at all times
- **Nursery - Stored in medication cupboard**

### Controlled Drugs

- Clearly labelled with name and DOB
- Stored in lockable medicine cabinet in Main Office
- **Nursery - Stored in locked nursery medication cupboard**

### Medication to be refrigerated

- Clearly labelled with name and DOB
- Stored in an airtight container
- Stored in staffroom refrigerator
- **Nursery - Stored in nursery food fridge**

### All other medication

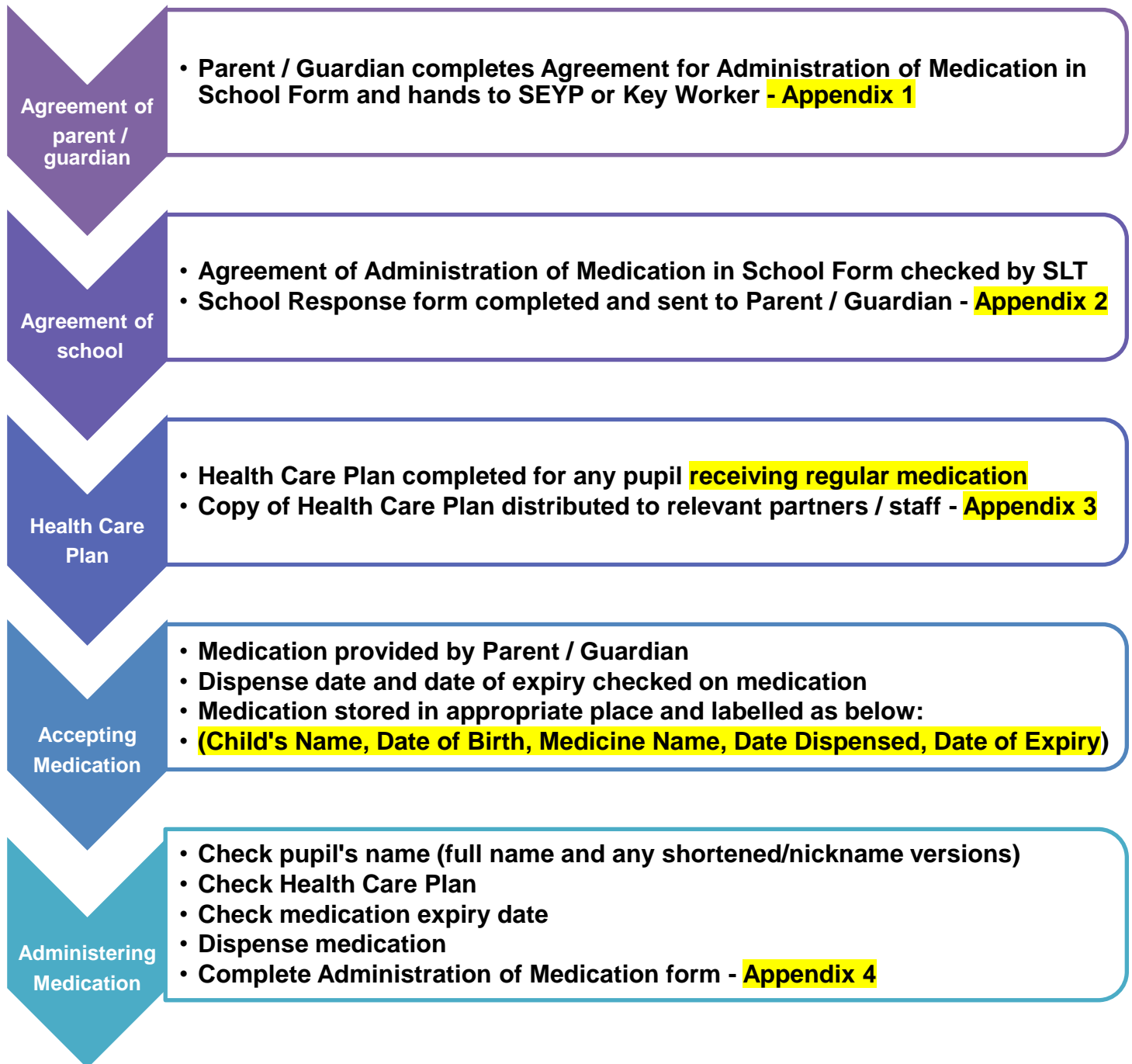
- Clearly labelled with name and DOB
- Stored in lockable filing cabinet in Main Office

## Medical Forms

- **All medical forms are available in a confidential folder which is stored within the nursery.**
- **Copy of completed forms are filed in individual pupil confidential files.**



## Appendix 6 - Procedures for Staff



## Administration of Medication out of school

- SLT to identify a suitable member of staff to transport and administer medication
- Health Care Plan shared
- Medication administered with time and dose noted
- Administration of Medication form completed on return to school



## Appendix 7 - Administration of Non-prescription Medication

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### Administration of Non-Prescription Medication

Today your child received the agreed non-prescription medication.

Name of Pupil			
Date of Birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Class			
Medication given			
Dose given			
Time given			
Reason for administration of non-prescription medication:			
Signed (member of staff)			
Date			

---



### Administration of Non-Prescription Medication

Today your child received the agreed non-prescription medication.

Name of Pupil			
Date of Birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Class			
Medication given			
Dose given			
Time given			
Reason for administration of non-prescription medication:			
Signed (member of staff)			
Date			