



Medication to learner Policy

1. INTRODUCTION

This policy has been developed for Port Alfred High School to ensure learners are fully supported with their medical conditions. This policy has not been developed by a specific medical professional or organisation / body.

2. PURPOSE

This Medication Policy sets out the policy principles and rules for medication to be issued to learners at Port Alfred High School.

3. SCOPE

This policy applies to all learners and staff of Port Alfred High School.

4. STREET AND POSTAL ADDRESS OF SCHOOL

27 Park Avenue, Port Alfred, 6170, South Africa

5. POLICY PRINCIPLES

The policy aims to:

- Arrange for written permission from parents/carers for medication to be administered /self-administered by the student during school hours. (for example, diabetes) grade 4 and above
- Have separate arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the student can participate
- Be clear about what to do in an emergency, including who to contact, and contingency arrangements.
- Make all staff working directly with students aware of the students in the school with medical conditions.

6. DEFINITION OF THE TERM “MEDICAL CONDITION” USED IN THIS CONTEXT

A medical condition is one that is long term with acute episodes, requires ongoing support, and involves the need for medication care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances.

Children with medical conditions (e.g. anaphylaxis, epilepsy, diabetes) should all have Individual health care plans (IHCP), usually written by the parents/guardians.

7. INDIVIDUAL HEALTH CARE PLANS

It is important that parents or carers update the school if their child's condition or medication changes.

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. The IHCP is to be written out by the parent/carers.

It is to:

- Be clear and concise, giving brief details of the child's condition
- Be written in partnership with parents and child healthcare professional.
- Give details of what constitutes an emergency, what action to take and who to contact
- Special requirements e.g. dietary needs, pre-activity precautions
- Contain details of the medical condition, its triggers, signs, symptoms and treatments
- Be reviewed annually or when there is a change in the condition of the child. Be easily accessible whilst preserving confidentiality. A copy is kept with the medication in the school office.

8. EXPECTATIONS:

The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child.

It is expected that

- Parents will inform the school of any medical condition which affects their child and provide evidence were requested
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed. Details included inside the container/holder.
- Parents will ensure that medicines to be given in school are in date and clearly labelled.

9. MANAGEMENT OF MEDICATION

Pupils will not be able to carry any medication with the exception of EpiPens, inhalers for asthma control, or specified medication. No pupil is allowed to carry any non-prescription drugs in school; this is to ensure that no pupil unwittingly or otherwise gives another pupil his or her medication.

10. MANAGING MEDICINES DURING THE DAY

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask doctors for timed-release medication for a minimum number of daily doses.

11. PRESCRIPTION MEDICINES

- A member of staff at the front office may administer such a drug to whom it has been prescribed, according to the instructions. Class teachers may not keep any medicine in their classroom. Class teachers may not administer any medication to any pupil. (exception on school activities of the school premises e.g. school tours and or sports events).

12. NON PRESCRIPTION MEDICINES

Unless there is written confirmation from a GP that this has been agreed, no non-prescription drug will be administered. For example Medicines containing aspirin will only be given to student if it has been prescribed by a doctor.

13. ASTHMA PUMPS

Children with asthma should have easy access to their inhaler, which must be clearly marked with their name. Children from Grade 3 and above are expected to take care of their own inhalers.

14. RITALIN AND OTHER RELATED DRUGS

Ritalin is a controlled drug. It needs to be kept in a secure environment . Generally children are prescribed slow release Ritalin and do not need to take at school. If this is not the case the drug will be locked in the school safe and admitted by the staff at the front office.

15. MEDICINE REFUSAL

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records. Parents should be informed immediately.

16. DISPOSAL OF MEDICINE

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term.

17. POLICY REVIEW

This Policy shall be reviewed from time to time, as necessary and with due regard to the religious demographic of the school.

Port Alfred High School Medical distribution consent form

Parental Consent for Schools to Administer Medicine

NB: The School will not give your child medicine unless you complete and sign this form.

PORT ALFRED HIGH SCHOOL	
DATE	
CHILD'S NAME	
DATE OF BIRTH	
CLASS/ GRADE	
MEDICAL CONDITION OR ILLNESS	

Medicine

NAME OF MEDICINE	
DOSAGE/ NUMBER OF TABLETS/ AOUNT OF ML	
METHOD OF DOSAGE (oral/ injection)	
TIME OF DAY TO BE GIVEN	
SPECIAL PRECAUTIONS	
OTHER INSTRUCTIONS	
NUMBER OF TABLETS/ QUANTITY GIVEN TO THE SCHOOL	
ARE THER ANY SIDE EFFECTS THAT THE SCHOOL SHOULD KNOW ABOUT?	

Contact details

1ST Contact

NAME	
CELL NUMBER	
WORK NUMBER	
RELATIONSHIP TO CHILD	

2ND Contact

NAME	
CELL NUMBER	
WORK NUMBER	
RELATIONSHIP TO CHILD	

Doctors details

NAME OF DOCTOR	
DOCTORS TELEPHONE NUMBER	

The above information is, to the best of my knowledge, accurate and up to date at the time of writing. I give consent to port Alfred High School staff to administer medication to my child

(Name of Child) _____

I will inform the school immediately in writing, if there is any change in dosage or frequency of the medication or if the medication has stopped.

I accept that this is a service the Port Alfred High School is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Parent/guardian signature: _____

Please print name and surname: _____

Date signed: _____

Port Alfred High School Medical distribution form:
This form is to be filled out when a staff member gives a child his/her medication.

Childs name: _____
 Grade: _____

Date administered medicine and dosage of medicine:

Monday	Tuesday	Wednesday	Thursday	Friday
Date: Time: Amount/Dosage _____ Staff Signature	Date: Time: Amount/Dosage _____ Staff Signature	Date: Time: Amount/Dosage _____ Staff Signature	Date: Time: Amount/Dosage _____ Staff Signature	Date: Time: Amount/Dosage _____ Staff Signature
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