



DRUGS POLICY

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INTRODUCTION

Rowandale Integrated Primary School's Drugs Policy is a statutory document, in accordance with Drugs: Guidance for Schools in Northern Ireland 2004. The policy follows the guidance given in the SEELB Drug Policy Document.

Our school believes that the misuse of drugs endangers not only our pupils but also affects the wider community in which we live. It is the school's responsibility to ensure the child's health and safety while in our care and we also strive to promote their personal and social wellbeing. Drug misuse undermines this and hinders the development of the young person.

The policy provides a focus for the school to consider how drugs education should be implemented and developed within the curriculum, and outlines the roles, responsibilities and legal duties of key staff. From a wider perspective, it gives parents and the local community an opportunity for involvement in drug issues. The policy should form an integral part of the Personal Development for mutual understanding strand in the Primary Curriculum.

1.1 RATIONALE

Rowandale I.P.S recognises that young people in today's society are exposed to the risks associated with the drug culture which exists.

Young children are exposed to messages about drug use from an early age. The messages they receive from television and the media tend to glamorise the use of drugs. They are likely to have seen parents or older brothers and sisters smoking, drinking or taking pills and medicines. Some children may have already tried alcohol or cigarettes and taken prescribed medicines or other drugs. Inevitably older children want to pass on their knowledge and experiences in an effort to try to influence younger children; these experiences are likely to include their experimentation with drugs.

The school wishes to promote the development of the 'whole person' which encompasses physical, mental, emotional, social and environmental health; by equipping children with the knowledge, skills, attitudes and values to handle their lives effectively in the present and prepare them for adulthood.

Research cites personal inadequacy, a lack of self esteem and peer pressure as the main reasons for drug misuse among young people. This places a responsibility on the school to 'better prepare young people for adult life.' (Education Reform (NI) Order 1989)

Drugs education should therefore form an integral part of the school curriculum.

1.2 DRUGS EDUCATION IN CONTEXT

'A drugs education programme is just one part of a whole school response to drug misuse. It should provide opportunities for pupils to acquire the knowledge, understanding and skills to enable them to consider the effects of drugs on themselves and others, and to make informed and responsible choices within the context of a healthy lifestyle' (Drugs: Guidance for Schools in NI 2004)

The programme of education is integrated within the Personal Development Strand of the Curriculum. A life skills approach to drug prevention is essential and within the programme, pupils are taught about raising self-esteem, self confidence and assertiveness to prepare them for making informed decisions about drug use, the main focus being on knowledge, social skills, attitudes and values.

In the Northern Ireland Curriculum Personal Development forms part of the Statutory Core Curriculum. Drugs Education is specifically included within Health, Growth and Change in Primary and in the Post-Primary in Learning for Life and Work (Personal Development) under Personal Health.

2 THE RANGE OF SUBSTANCES

The school's policy on drugs education covers any substance under the DENI definition: (CCEA 2004)

'A drug is any substance which, when taken, has the effect of altering the way the body works or the way a person behaves, feels sees or thinks. As well as everyday substances such as tea and coffee, drugs include:

- *alcohol and tobacco*
- *'over the counter medicines' such as paracetamol for headaches*
- *prescribed drugs, such as antibiotics and tranquilisers*
- *volatile substances such as glues and aerosols*
- *illegal drugs such as cannabis, LSD and ecstasy*
- *other substances such as amyl / butyl nitrate ('poppers') and magic mushrooms*

Procedures for handling alcohol and tobacco misuse are outlined in Appendix 1 and are also covered in the *Discipline Policy*. Procedures for handling prescribed medicines and volatile substances are also outlined in Appendix 1 and are in the school *Health and Safety policy*. This policy complements these policies and also the *Child Protection and Pastoral Care Policies*. It does not exist in isolation.

3 PROCEDURES FOR HANDLING AND REPORTING INCIDENTS

A suspected drug related incident is described as

- Suspect drugs or paraphernalia found on the school premises
- A pupil suspected of being in possession of drugs
- A pupil found to be in possession of drugs
- A pupil suspected of being under the influence of drugs

When an incident occurs the member of staff involved should:

- Make the situation safe
- Send for support
- Administer first aid if necessary
- If a drug is found, gloves should be used and it should be secured in a safe place until dealt with by the police
- Report the incident

The incident will be in the first incidence reported to the designated teacher and then to the principal, who will contact the Community and Schools Involvement Officer (CSIO) from the police in this area. The parents will also be contacted and made aware of the situation. The incident will be recorded by the teacher involved and by the designated teacher. A 'record of action' form will be filled out. One copy will be sent to the SEELB designated officer for Drugs Education – Kim Scott, and a copy will be retained for the school's confidential file. The Board of Governors will also be informed.

All staff are made aware of the procedure, which follow the guidelines issued by CCEA Drugs: Guidance for Schools in Northern Ireland 2004. This is outlined in Appendix 3 of this policy.

School staff are not permitted to search pupils' clothing or possessions. Staff may search **school property** such as lockers or desks. However, personal belongings within a desk or a locker cannot be searched without consent. **A search of pupils' personal belongings, including school bag, coat or other items should only be made with the pupils' consent.** Such a search should be made in presence of the pupil and another adult witness. It is acceptable to ask the pupil to empty pockets and school bags.

3.1 PROCEDURES RELATING TO DISCIPLINE AND COUNSELLING

Procedures should be carried out in line with the Discipline Policy. The Principal will be responsible for deciding how to respond to particular incidents as they occur. She will take into account all the factors associated with each

separate incident, such as the age of the pupil concerned, whether the incident involved one pupil or a group of pupils, whether there has been evidence of particular peer group pressure and whether it is a first offence. Rowandale I.P.S is committed to tackling drug misuse and any instances of possession, use or supply of illegal drugs on school premises will be regarded with the utmost seriousness. Whilst it is not appropriate to prescribe specific sanctions, the decision rests with the Principal who will respond appropriately incorporating sanctions which may include suspension or, in extreme cases expulsion. If or when appropriate support may include external counselling.

3.2 EMERGENCY PROCEDURES

For the purposes of this policy, an emergency is considered to be either:

- A situation in which a pupil or staff is in danger, or
- A sequence of events which require urgent attention.
A flow chart for dealing with emergencies is contained in Appendix 3 of this policy.
- Emergency first aid and procedures are contained in Appendix 4.

3.3 CONFIDENTIALITY

The spirit of confidentiality is of primary importance to those who work professionally with young people in a trusting and secure environment. However the legal requirements of drug legislation will mean that in certain circumstances there will be a change in the convention of confidentiality. The Children (Northern Ireland) Order (1995) makes it clear that the welfare of the young person is paramount and therefore confidentiality must be included.

Where a pupil discloses to a teacher that he or she is taking drugs, the teacher should make it clear that he or she can offer no guarantee of confidentiality. However the teacher can advise the pupil of other sources of confidential information or advice. Pupils should also be encouraged to talk to their parents.

3.4 DEALING WITH THE MEDIA

If the school receives an enquiry from the media, the caller must be referred only to the principal.

When responding to the media, the privacy of the pupil will be respected. Short, factual statements will be given and the concluding statement will be positive, and reassuring. No further comments will be given.

4 THE PLACE OF DRUGS EDUCATION WITHIN THE CURRICULUM

Drugs education is not taught in isolation. It is a continuous process which involves the development of skills and attitudes enabling pupils to make informed choices. Effective drugs education should take account of not only the individual, but also the family, their peer groups, and the wider community. Where possible, the school promotes the partnership between the parent and child, when addressing drug issues.

In Northern Ireland, at all Key Stages, the statutory curriculum for pupils includes the Personal Development Strand. There will be opportunities for pupils to develop their knowledge and understanding of the use, misuse, risks and effects of drugs and other potentially harmful substances; their effects of health and lifestyle.

Drugs education is specifically included within the Area of Learning for Science, and within other subjects, such as Religious Education, English, and Physical Education, there are opportunities for considering drug-related issues from a variety of perspectives.

5 THE AIMS AND OBJECTIVES OF THE DRUGS EDUCATION PROGRAMME

The school's drugs education programme is grounded in the Personal development and the enhancement of protective factors.

5.1 AIMS

- To promote positive attitudes towards personal health.
- To develop self-discipline and self-respect.
- To build pupils' self esteem.
- To develop decision-making skills which may delay or prevent the onset of experimentation.
- To inform pupils of the effects of drug abuse, and the risks involved.
- To help pupils to understand how they can influence their peers.
- To develop knowledge and understanding of themselves and others as individuals.

5.2 OBJECTIVES

Drugs Education should enable pupils to develop a knowledge and understanding about drugs and drug issues, as well as the skills needed to cope with challenges they will encounter.

Pupils should be able to:

- Understand their own personality, needs, abilities and interests.
- Understand the process of reasoning required to make informed choices.
- Explore their own attitudes towards drugs and drug issues.
- Develop coping strategies to deal with peer pressure.
- Develop a competence in challenging attitudes and patterns of behaviour associated with drug misuse.
- Develop self-discipline.
- Understand what is meant by 'a drug' and the definition of 'addiction'.
- Understand how some drugs affect the body.
- Be aware of the benefits of healthy lifestyles.
- Recognise potential drug exploitation and how to take avoiding action.
- Be aware of the current drug culture and the effect of advertising campaigns.

These objectives are closely linked with our school policy on pastoral care and they should not be seen in isolation.

6 THE DELIVERY AND ORGANISATION OF THE DRUGS EDUCATION PROGRAMME

Drugs Education is a whole staff issue. Rowandale I.P.S ensures that staff are regularly updated with changes in the curriculum and changes to the policy, which have an effect on their delivery of the curriculum. All staff receive in-service training on drug issues from the Designated Teacher for drug related incidents.

The Designated Teacher for Drugs will ensure that the appropriate themes are covered under Personal Development for each year group. It is the responsibility of the classroom teacher to include drugs education in other subject areas if it forms part of the Northern Ireland Curriculum, and to spend an adequate amount of time delivering drugs education.

6.1 OUTSIDE AGENCIES

Rowandale I.P.S may use outside agencies to help deliver the drug education programme providing the following criteria are met:

- The content and delivery of the programme has been jointly agreed.
- The programme and methods of delivery are consistent with the aims and objectives outlined in this policy.
- The principal has given her approval for the use of the outside agency.
- The staff from the agency have been vetted in relation to Child Protection.
- The agency is familiar with the school's drug policy and is prepared to adhere to it.
- The resources used are appropriate to the age range and maturity of the pupils.
- The visitor (s) to the school are clear that confidentiality cannot be maintained and any disclosure which might suggest that a pupil is at risk must be passed to the designated teacher for drugs.
- The teacher will always be present when a visitor to the school is taking a class.
- Outside agencies will be asked to complete the External Agencies Form – Appendix 5

7 LINKS WITH PARENTS, THE COMMUNITY AND THE POLICE

Parents play a vital role in the prevention of drug misuse. They are involved in the planning of the school drug policy and they should be involved fully in the education of their child. This is especially so with the drugs education programmes. Parents will be informed when external agencies are being used to address drugs related issues and are encouraged to play an active role in homework tasks, and discuss drug issues with their child whenever possible. Parents are also aware of the school's procedures for dealing with drug related incidents.

The school endeavours to work closely with the local community to help reduce the number of drug related incidents.

Rowandale I.P.S has developed good working relationships with the local police. This helps to ensure that if a drug related incident is reported, it will be dealt with in a professional and discrete manner, and in keeping the best interests of the child concerned in mind.

Community and Schools Involvement Officers offer advice and support when it is needed.

8 THE ROLE OF THE DESIGNATED TEACHER FOR DRUG RELATED INCIDENTS

Mrs Aine Duffy is responsible for the co-ordination of the arrangements to deal with individual cases of suspected or actual drug misuse. Her role includes:

- Oversight of co-ordination of planning of curricular provision
- Implementing procedures as outlined in this policy for dealing with an incident
- Receiving any substance and associated paraphernalia found in school
- Regularly updating staff on the policy and the procedures for dealing with a drug related incident
- Liaison with the principal on any drug related incident
- Liaison with other staff responsible for pastoral care
- Liaison with outside agencies in relation to drug related incidents
- The induction of new staff and training of existing staff as appropriate
- Reviewing and updating the school drug policy after an incident and when required.
- Completing an incident report form.

8.1 THE ROLE OF THE PRINCIPAL

It is the responsibility of the principal to ensure that correct procedure is followed if a drug incident occurs. Her role includes:

- Determining the circumstances surrounding incidents.
- Liaison with the PSNI.
- Ensuring pupils' welfare.
- Handling, storage and safe disposal of any drug/drugs related paraphernalia.
- Liaison with the Board of Governors and SEELB.
- Ensuring the completion of a written report and forwarding to the Board of Governors and SEELB.
- Contacting parent / guardian of pupil/s involved.

8.2 THE ROLE OF THE BOARD OF GOVERNORS

School governors have the responsibility for their individual school and foster and support the development and on-going review of the policy and education programme. Their role includes:

- Facilitation of the consultative process whereby the school community can respond and contribute to the effectiveness and quality of the policy and programme which they examine and approve prior to implementation in the school.
- Ensuring the policy is published in the school prospectus and on the website.
- Ensuring that it is reviewed at regular intervals.

- Appointing a governor who is fully aware of and adequately trained to deal with suspected drugs-related incidents including alcohol and tobacco and their appropriate disciplinary response.

9 MONITORING AND EVALUATING

The school drugs education policy is periodically reviewed to reflect changing circumstances and trends in drug use. The programmes of study for drugs education are continually reviewed and any changes deemed necessary are implemented.

The policy is a regular item on the agenda of staff meetings and all new staff are familiarised with it.

The policy is available to parents on the school website and parents are reminded of this annually.

APPENDIX 1

PROCEDURES FOR HANDLING ALCOHOL MISUSE

The school premises are an alcohol free zone. The school does not allow any alcohol to be brought onto or consumed in school premises during school hours, however alcohol is permitted for adult only events. This applies to visitors, staff, parents and pupils.

Adults breaking this rule will be referred to the principal directly.

Pupils will be dealt with under the school's discipline policy.

PROCEDURES FOR HANDLING TOBACCO MISUSE

The school is a restricted environment with no one being permitted to smoke on the school premises.

Adults breaking this rule will be advised by other members of staff.

Pupils breaking this rule will be dealt with under the school's discipline policy.

THE MANAGEMENT OF PRESCRIBED MEDICINES

At the start of the school year, parents must complete a medical form indicating any medical illness their child has. The parent is also advised that the school will not, as a matter of course administer medicine to a pupil, unless formally requested using the administering medicine form. If an emergency arises, the parent will be contacted and permission sought if necessary.

If a pupil needs to bring a prescribed medicine into school, the following guidelines must be adhered to:

- A letter from the parent explaining the nature of the illness and the dosage required must be sent with the pupil
- The pupil must immediately give the medicine to their class teacher
- The class teacher must store the medicine in a secure place and ensure that only the pupil for whom the medicine is prescribed, takes the medicine.

THE MANAGEMENT OF SOLVENTS

Pupils are not permitted to bring solvents or aerosols into school. This includes tippex fluid and pens, tippex thinners, glue, marker pens and spray deodorants. Pupils are permitted to bring felt tip pens to school.

All members of staff are responsible for the safe storage and usage of solvents in their classroom. Where possible they should be locked away when not in use. The cleaners should also ensure that their store cupboard locked when not in use and that solvents are held in a secure place.

APPENDIX 2 - THE LAW IN NORTHERN IRELAND

All staff are aware of their responsibilities under the law. The law in Northern Ireland differs in certain aspects from elsewhere in the UK. The relevant pieces of legislation are 'The Misuse of Drugs Act 1971, Section 5 of the Criminal Law Act (Northern Ireland) 1967, and the Powers of Arrest – Police and Criminal Evidence (Northern Ireland) Order 1989.

If the principal has reasonable grounds to suspect that drugs are being used or supplied on the school premises, she will inform the police immediately in order to avoid any liability as a 'manager or occupier' of premises.

If staff have taken possession of a substance for the purposes of protecting a child from harm and from committing an offence; they should under no circumstance, try to analyse or identify it. If they suspect it to be LSD, they should wear gloves when handling it, to avoid ingestion through the skin. The drug should be immediately stored in a safe place, and the police contacted.

MISUSE OF DRUGS ACT 1971

It is an offence under the Misuse of Drugs Act 1971:

- i. to supply or offer to supply a controlled drug to another in contravention of the Act;
- ii. to be in possession of, or to possess with intent to supply to another, a controlled drug in contravention of the Act; it is a defence to the offence of possession that, knowing or suspecting it to be a controlled drug, the accused took possession of it for the purpose of preventing another from committing or continuing to commit an offence and that as soon as possible after taking possession of it he took all such steps as were reasonably open to him to destroy the drug or to deliver it into the custody of a person lawfully entitled to take custody of it;
- iii. for the occupier or someone concerned in the management of any premises knowingly to permit or suffer on those premises the smoking of cannabis; or the production, attempted production, supply, attempted supply, or offering to supply of any controlled drug.

The offences listed above are arrestable offences.

Section 8. A person commits an offence if, being the occupier or concerned in the management of any premises, he knowingly permits or suffers any of the following activities to take place on those premises, that is to say:

- (a) producing or attempting to produce a controlled drug in contravention of section 4 (1) of this Act;

- (b) supplying or attempting to supply a controlled drug to another in contravention of section 4 (1) of this Act or offering to supply a controlled drug to another in contravention of section 4 (1) of this Act;
- (c) preparing opium for smoking;
- (d) smoking cannabis resin or prepared opium.

CRIMINAL LAW ACT (NORTHERN IRELAND) 1967

Section 5. Failing to give Information. Where a person has committed an arrestable offence, it shall be the duty of every other person who knows or believes:

- (i) that the offence or some other arrestable offence has been committed; and
- (ii) that he has information which is likely to secure, or to be of material assistance in securing, the apprehension, prosecution or conviction of any person for that offence;

to give that information, within a reasonable time, to a constable and if, without reasonable excuse, he fails to do so then that person is committing an offence.

This places an onus on individuals to inform a constable.

POWERS OF ARREST – POLICE AND CRIMINAL EVIDENCE (NORTHERN IRELAND) ORDER 1989

Art. 26(4) – Any person may arrest without warrant anyone who is, or whom he with reasonable grounds suspects to be, guilty of the offence.

Art 26(5) – Where an arrestable offence has been committed, **any person** may arrest without warrant anyone who is, or whom he with reasonable grounds suspects to be, guilty of the offence.

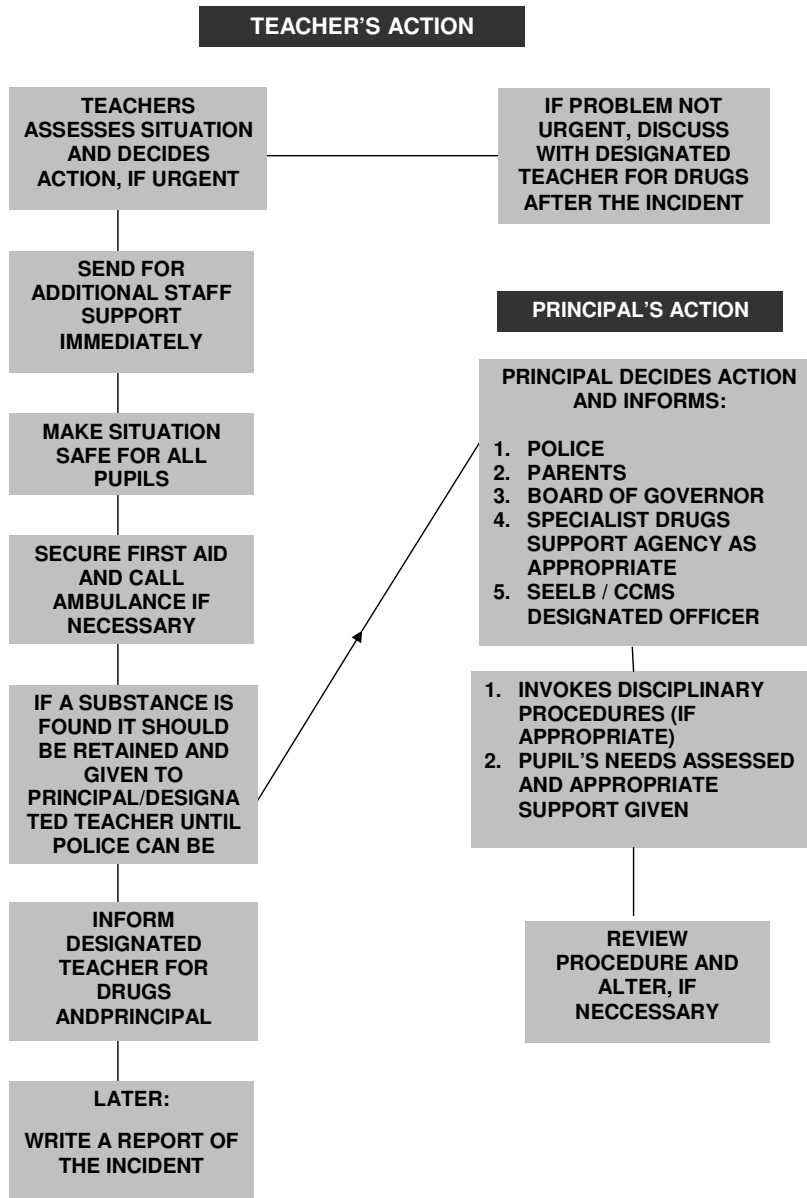
These powers of arrest are available to non-police and, as the following drug offences fall within the definition of Arrestable Offence, are available for use in such circumstances.

- (1) Possession of Controlled Drugs
- (2) Possession of Controlled Drugs with Intent to Supply
- (3) Supply of Controlled Drugs

NB: The above information is advisory only and does not represent legal opinion.

APPENDIX 3 - HANDLING INCIDENTS

Action to be taken in the event of a suspected incident of drug misuse where the designated teacher for drug issues is not the principal:



Managing an Incident - Summary

Actions by members of staff in the event of a suspected drugs-related incident:

1 Individual Staff Member

- Assess situation and decide action;
- Secure First Aid (Karen Greer, Lorraine Whiteway) and send for additional staff support if necessary;
- Make situation safe for all pupils and other members of staff;
- Carefully gather up any drugs and/or associated paraphernalia/evidence. Pass all information/evidence to the designated teacher for drugs; and
- Write a brief factual report of the incident and forward it to the designated teacher for drugs.

2 Designated Teacher for Drugs

- Respond to first aiders advice/recommendations regarding the incident;
- In the case of an emergency inform parents/guardians immediately;
- Take possession of any substance(s) and associated paraphernalia found;
- Inform principal;
- Take initial responsibility for pupil(s) involved in suspected incident; and
- Complete an incident report form (see Appendix 7) and forward it to the principal.

3 Principal

- Determine the circumstances surrounding the incident;
- Ensure that the following people are informed where relevant:
 - Parents/guardians;
 - Community and Schools Involvement Officer (CSIO);
 - Board of Governors;
 - Designated Officer in ELB/CCMS.
- Agree pastoral and disciplinary responses including counselling services/support;

- Forward a copy of the incident report form to the chairperson of the Board of Governors and the designated officer within the ELB and CCMS if appropriate; and
- Review procedures and amend, if necessary.

APPENDIX 4 – EMERGENCY FIRST AID

The school's trained first aiders are: Karen Greer and Lorraine Whiteway

Emergency Action for all members of the school community:

In the event of finding someone collapsed and unconscious, summon help and follow these procedures until help arrives:

1. Check that the mouth is free of obstruction and the airway clear.
2. If necessary pull the tongue forward.
3. Loosen clothing at the neck-line.
4. Place the person in the recovery position with the head forward (refer to illustrations of recovery position next page).
5. Check for chest movement and colour of face, lips and tongue; if these begin to turn blue, a person qualified in first aid should resuscitate.

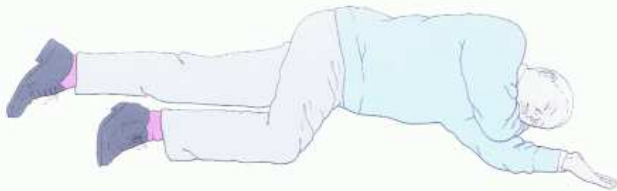
Diagram 4A

Diagram 4B- C



- ❖ Kneel beside the patient and make sure both his legs are straight.
- ❖ Open the airway by tilting the head and lifting the chin.
- ❖ Place the arm nearest to you out at right angles to his body, elbow bent with the palm uppermost.
- ❖ Bring the far arm across the chest and hold the back of the hand against the patient's nearest cheek.
- ❖ With your other hand, grasp the far leg just above the knee and pull it up, keeping the foot on the ground.

- ❖ Keeping the hand pressed against the cheek, pull on the leg to roll the patient towards you onto his side.
- ❖ Adjust the upper leg so that both the hip and knee are bent at right angles.
- ❖ Tilt the head back to make sure the airway remains open.
- ❖ Adjust the hand under the cheek, if necessary, to keep the head tilted.
- ❖ Check breathing regularly.



Appendix 5: Exemplar Form when using External Agencies

Drugs Education Programme – External Agency

School: _____ Agency: _____
 Principal: _____ Agency contact: _____
 Contact Teacher: _____ Tel No: _____
 Tel No: _____ Fax No: _____
 Fax No: _____ E-mail: _____
 E-mail: _____

Agreed Aims

- _____
- _____
- _____

Sessions to be Delivered

Date(s): _____
 Times(s): _____

Audience

Number of participants: _____
 Type of group (age, ability, etc) _____

Methodology

(Brief description of programme content and methods)

Intended Learning Outcomes

- _____
- _____
- _____

Evaluation

(Brief description of how this will be conducted and reported)

Signed _____ (Contact Teacher/Principal)

Signed: _____ (Agency contact) Date: _____

Appendix 6: Record of Drug Related Incident

CONFIDENTIAL



RECORD OF DRUG RELATED INCIDENT

DESCRIPTION OF THE INCIDENT AND ACTION TAKEN

Horizontal lines for recording the description of the incident and action taken.

LIMITED ACCESS ONLY

1. Name of Pupil _____ DOB _____
 Address _____
 School _____

2. Date of Incident _____ Reported by _____
 Time of Incident _____ Location of Incident _____

3. First Aid given YES / NO Administered by _____
 Ambulance/Doctor Called YES / NO Time of Call _____
 Drug Involved (if known) _____ Sample Found YES / NO

4. Parent Informed YES / NO Date _____ Time _____
 By whom _____

5. Where sample retained _____ or
 Date Sample Destroyed _____ Time _____
 Witnessed by _____

6. Police Informed YES / NO Date _____ Time _____
 By _____ Name of Station / Officer _____

7. SEELB Drug Education Officer Informed YES / NO Date _____
 Time _____ By whom _____

8. Form completed by _____ Date _____
 Position _____
 Countersigned by School Principal/Board Officer _____
 Dated _____

Please retain one copy for your confidential file
 and return the original to:

**Designated Officer: Kim Scott – Drug
 Education
 SEELB Headquarters
 Grahamsbridge Road
 BELFAST
 BT16 2HS**

Tel No: 028 9056 6407

Fax No: 028 90485309

Appendix 7: Request for a School to Administer Medicine

FORM AM2

NAME OF SCHOOL _____

FORM AM2: REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine.

Details of Pupil
 Surname _____ Forename(s) _____
 Address _____

 Date of Birth _____ M F
 Class _____
 Condition or illness _____

Medication
Parents must ensure that in date properly labelled medication is supplied.
 Name/Type of Medication (as described on the container) _____

 Date dispensed _____
 Expiry Date _____

Full Directions for use:
 Dosage and method _____

NB Dosage can only be changed on a Doctor's instructions

Timing _____
 Special precautions _____

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

Self-Administration _____ Yes/No (delete as appropriate)

Procedures to take in an Emergency

Contact Details
 Name _____
 Phone No (home/mobile) _____
 (work) _____

Relationship to Pupil _____
 Address _____

I understand that I must deliver the medicine personally to _____
 (agreed member of staff) and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signature(s) _____ Date _____

Agreement of Principal
 I agree that _____ (name of child) will receive _____
 (quantity and name of medicine) every day at _____ (time(s) medicine to
 be administered e.g. lunchtime or afternoon break).

This child will be given/supervised whilst he/she takes their medication by _____
 (name of staff member). This arrangement will continue until _____ (either
 end date of course of medicine or until instructed by parents).

Signed _____ Date _____
 (The Principal/authorised member of staff)

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil.

20