



# Penkford School

Building Futures  
Success Every Day

## Medicines Policy

Status:	STATUTORY
Responsible Person:	Headteacher
Responsible Governor:	Full Governing Body
Ratified by Chair of Governors	19 September 2018
Date first approved by Governing Body:	July 2014
Review date:	July 2019

Signed ..... M Neale Chair of Governors

Date 19 September 2018

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## INTRODUCTION

The Governors at Penkford School, in line with relevant legislation, support pupils with medical needs, including the administration of medication, when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

Although there is no legal duty that requires the school to administer medicines, the Governing Body recognises appropriate policy and procedures will aid attendance for pupils who need essential medication during the school day.

This document outlines the policy of the Governing Body and the procedures for managing medicines in school.

## RESPONSIBILITIES

Parents have prime responsibility for their child's health and must provide all relevant information regarding their child's medical needs. Clear, written parental agreement (Form 2) must be gained prior to any medication being administered.

Parents must supply the medication in the original container with the original dispensing label. Parents cannot request a change in dosage from that on the dispensing label. Any prescribed changes to the dose must be communicated to the school by completion of another Form 2.

Parents are responsible for replenishing/disposal of their child's medication.

### **HEADTEACHER**

The Headteacher will ensure the policy of the school is communicated to staff and parents. The headteacher will also ensure that staff are available and trained to administer essential medication. A record of training provided will be kept in the training folder.

### **STAFF**

Designated support staff will administer essential medication following the completion of Form 2 from the parents and Form 3 from the Headteacher. All staff involved in the administration of medicines will receive support and training from appropriate health professionals.

## NON PRESCRIPTION MEDICINES

Under no circumstances will non prescribed medication be given to pupils during the normal school day. If a child suffers from regular or acute pain, parents should be encouraged to refer the matter to the child's GP.

## PRESCRIPTION MEDICINES

Prescription medicines will only be administered if prescribed by a doctor, dentist, nurse practitioner or pharmacist practitioner and in the original container with the original dispensing label.

### **SHORT TERM MEDICAL NEEDS**

Many children will need to take medicines during the day at some time. This will usually be for a short period e.g. finishes a course of antibiotics or to apply a lotion. In order to minimise absence, assuming the parents have completed the appropriate form, medicines will be administered. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.

### **LONG TERM MEDICAL NEEDS**

The school supports children with long term medical needs to ensure their condition does not have a significant impact on a child's experiences and the way they function.

This support will be outlined by way of an Individual Care Plan

## PROCEDURES

### **ADMINISTERING MEDICINES**

No child of compulsory school age will be given medicines without their parent's / carer's written consent on Form 2

Any member of staff giving medicines to a child should check:

- Child's name
- Name of medicine
- Prescribed dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date
- Written instructions provided by the prescriber on the label or container

If in doubt about any procedures staff should not administer the medicines but check with the parents or health professionals before taking further action.

## **SELF MANAGEMENT**

Most children take their medicines themselves; therefore staff would only supervise the process. Asthmatics are encouraged, whenever possible, to self manage and carry their own medicines. An individual risk assessment will be made for each request and parent informed of the outcome.

Prescribed medicines and controlled drugs must always be taken to the main office for safe custody and will be stored in line with the manufacturer's recommendations.

## **REFUSING MEDICINES**

If a child refuses to take their medicine, parents will be informed immediately. If this refusal results in an emergency, the school will follow emergency procedures.

## **RECORD KEEPING**

Checks will be made against the completed Form 2 and the dispensing label to ensure the information is the same. A check will also be made that a Form 3 has been completed.

Although there is no legal requirement for schools to keep records of medicine given to pupils and the staff involved, records offer protection to staff and proof that they have followed agreed procedures. The reverse of Form 3 (record of medicines administered to children) will be used for this purpose.

## **EDUCATIONAL VISITS**

The school encourages children with medical needs to participate in safely managed visits. Reasonable adjustments will be made whenever possible to enable children to participate fully and safely on visits. A risk assessment will be undertaken for such children.

For visits which include an overnight stay, children who have parental consent through the Educational Visits Form 1 & 2 may be given, at the visit organiser's discretion, paracetamol.

## **SPORTING ACTIVITIES**

Most children with medical conditions can participate in physical activities and extracurricular sport. There is sufficient flexibility for all children to following ways appropriate to their own abilities. All adults will be aware of issues of privacy and dignity for children with particular needs. Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed access to their medicines, e.g. asthma inhalers.

Staff supervising sporting activities will consider whether a risk assessment is necessary for each particular need. They will also be made aware of relevant medical conditions, any preventative medicine that may need to be taken and the school's emergency procedures.

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# PENKFORD SCHOOL INDIVIDUAL HEALTH CARE PLAN FORM 1

Child's name -----

Year/ Class -----

Date of Birth -----

Address -----

**Medical diagnosis** -----

Or condition -----

Date -----

Review Date -----

**Family Contact Information**

Name (1) -----

Phone no. (home) -----

(mobile) -----

(work) -----

Name (2) -----

Phone no.(home) -----

(mobile) -----

(work) -----

**Clinic/ Hospital Contact**

Name -----

Phone no. -----

**G.P.** -----

Name and Contact no. -----

**PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE**

**FORM 2**

The school will not give your child medicine unless you complete and sign this form

Name of child -----

Medical condition -----

Or illness -----

**Medicine**

Name /type of medicine -----

(as described on container)-----

Expiry date -----

Dosage and method -----

Special precautions -----

Are there any side effects that school may need to know about? -----

self administration                      yes /No (please delete as appropriate)

Procedures to take in a an emergency -----

I understand that I must deliver the medicine personally to the main Office. I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes by completion of a new form

Signed -----(Parent / Carer)

Date -----

# **PENKFORD SCHOOL AGREEMENT TO ADMINISTER MEDICINE FORM 3**

It is agreed that -----(child's name) will receive -----  
-(quantity and name of medicine) every day at------(time medication to be administered e.g.  
break/lunchtime)------(child's name) will be given/supervised whilst he/she takes their  
medication by -----(member of staff)

This arrangement will continue until -----(either and date course of medicine or instructed by parents)

Signed -----

Print Name -----

Date -----



**PENKFORD SCHOOL RECORD OF MEDICINES ADMINISTERED TO CHILDREN FORM 3 (a)**

**CHILD'S Name ----- Year/Form-----**

Date	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name