



## Medicines Policy

### Overview

Where learners have been prescribed medications by a doctor or other appropriately qualified health care professionals, it may be necessary for them to continue with the treatment in school. Our policy is to ensure that children who need medication during school hours have their special needs met in such a way that they retain the fullest access to the life and work of the school. This policy sets out how the school will establish safe procedures.

### Objectives

- To keep medication safe in school.
- To ensure that children who need to take medication while they are in school have their needs met in a safe and sensitive manner.
- To make safe provisions for the supervision and administration of medication in school time.

### Strategies

- Only medication prescribed by a doctor, or authorised health care worker, will be administered in school.
- Only members of staff that have been trained and authorised by the Headteacher may supervise and administer medication. In emergency, the Headteacher will make appropriate alternative arrangements. In some circumstances, as determined by the Headteacher, a child's parents or qualified, specialist, nursing staff may be asked to visit school to administer the medication.
- Parents must send written requests to the Headteacher when they wish the school to supervise or administer medication.
- Parents must visit the school to discuss what is being requested and to agree the procedures proposed by the school.
- Medication must be sent into school in its original container.
- Medication will be kept safely according to the instructions on its container. Where medication needs to be kept in a refrigerator the Headteacher will decide how it is to be stored.
- When pupils needing medication are on visits away from school, the school will do its best to see that, as far as possible, within the available resources, special arrangements are made to allow the pupil to participate. This may mean that the child's parent will be requested to accompany them on such visits and outings.

### Outcomes

The school will do all that it can to ensure that children with medical and special needs will have as little disruption to their education as possible. It will make safe arrangements for the administration and keeping of medication and it will seek to ensure that sufficient members of staff are trained and confident to supervise and administer medication.

# Hurst Knoll St James CE Primary School



*Request for school to give medication or supervise the administration of medicine.*  
Dear Head Teacher,

I request that ..... (Full name of Pupil)  
be given the following medicine(s) while at school:

Date of birth ..... Class .....

Medical condition or illness .....

Name/type of Medicine .....  
(as described on container)

Expiry date..... Duration of course.....

Dosage and method ..... Time(s) to be given.....

Side effects.....

Emergency procedures .....

.....

Name and telephone number of GP .....

### Parent declaration and signature

Do you wish your child to self-administer their medicine? Yes/No (please circle)

If yes,

I request and agree to the school holding the equipment or resources required for the above stated medical intervention safely for my child to collect and administer independently under the supervision of a member of staff.

I undertake to ensure that the stated medicine (s)

- Has been prescribed by the family or hospital doctor (Health Professional note received as appropriate).
- Is clearly labelled, indicating contents, dosage and child's name in FULL.
- Is in the original container as dispensed by the pharmacy.
- Has the pharmacy label stating the child's name, dosage and timing of administration; have not passed the expiry date; have details of storage instructions, if appropriate.

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

If agreed by the Head Teacher, I give my consent to school staff to administer medicine/medical intervention in accordance with the school policy and following specialised training where appropriate.

Signed .....  
(Parent/Guardian)

Print Name .....

School Use Only	
Date Received	
Action(s)	
Date Review Due	