



# Supporting Pupils with Medical Conditions Policy

(including administration of medicines)

Last review: June 2024  
Next Review: June 2025  
Reviewed by: Head  
Adopted by: FGB

*Streams today, oceans tomorrow...*

*respect*

*confidence*

*compassion*

*truth*

*curiosity*

*courage*

*endurance*



## Introduction

1. The staff of the West Berry Federation wish to ensure that students with medical needs receive proper care and support. Our intention is to ensure that students with medical conditions should have full access to education including trips and PE. The governing body will ensure that staff are supported and trained and competent before they take on the responsibility of supporting students with medical conditions.
2. The school's insurance will cover liability relating to the administration of medication.
3. The Head teacher will be responsible for ensuring the following:
  - Appropriate planning and actions are undertaken when notification is received that a student will be attending who has a medical condition (including transitional arrangements between schools, re-integration or when students' needs change; arrangements for staff training or support)
  - Appropriate planning and actions are undertaken when notification is received that a student has a new diagnosis
4. Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed between West Berry Federation Schools, healthcare professionals and parents so that the steps needed to help a student manage their condition and overcome any potential barriers to getting the most from their education are identified. The IHCP will include:
  - a) The student's medical condition, its triggers, symptoms, medication needs and the level of support needed in an emergency. Also it must include any treatments, time, facilities, equipment, testing and access to food or drink (where it is used to manage their condition), dietary requirements and environmental issues such as crowded corridors and travel time between lessons
  - b) Specific support for the student's education, social and emotional needs, such as how will absences be managed, requirements for extra time to complete exams, use of rest periods or counselling sessions
  - c) Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support from a healthcare professional
  - d) Cover arrangements and who in the school needs to be aware of the student's condition and the support required including supply staff
  - e) Arrangements for written permission from parents for medication
  - f) Arrangements or procedures for school trips or other school activities outside the normal timetable; completion of risk assessments for visits and school activities outside the normal timetable
  - g) The designated individuals to be entrusted with the above information
  - h) Procedures in the event of the student refusing to take medicine or carry out a necessary procedure
6. The Head teacher will have the final decision on whether an Individual Health Care Plan is required.

## THE ADMINISTRATION OF MEDICINE

7. The Headteacher will accept responsibility in principle for members of school staff giving or supervising a student taking medication during the day, where those members of staff have volunteered to do so.
8. Parents should, if possible, administer or supervise the self administration of medication to their children. This may be achieved by the pupil going home during the lunch break or by the parent or other nominated adult visiting the establishment. Where this is not possible the parent may ask the school for assistance.
9. Any parent/carer requesting the administration of medication will be given a copy of this policy.
10. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
11. In the event that a parent requests the school to administer a medicine to their child but the school does not consider it appropriate to do so, medical advice will be sought from the school nurse or child's GP. The medication will not be administered until this advice has been received.
12. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Parents should explore this with their GP or Pharmacist when possible.
13. Prescribed and 'over the counter' medication will be accepted and administered in the establishment provided that appropriate information is provided by the parent and consent form have been completed. **See appendix 2**
14. In circumstances when a young person suffers headaches, menstrual pains or toothache, the manager or another member of staff may be asked to provide a mild analgesic (e.g. paracetamol) to relieve pain. Analgesics will only be given to children under the age of 16 when parents have given prior written permission. Medication should never be administered without first checking the maximum dosage and when the previous dose was taken. In these circumstances, school admin staff are authorised to issue medication, keeping a record of child's name, time, date, dose given and the reason. Parents must contact the school office at the end of the school day to be given details of any doses given
15. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. **Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed**
16. All non-emergency medication (with the exception of controlled drugs) will be stored in the school office in class bags or office/staff room fridge.

17. Emergency medication (Ventolin inhalers, adrenaline auto injectors) will be stored in the classroom and/or school office in class bags. Older children (usually Y5/6) may carry their own Ventolin inhalers provided parental permission has been provided in writing.
18. Controlled drugs will be locked in the medicines cabinet or school safe.
19. Prior written parental consent is required before any medication can be administered.
20. Only reasonable quantities of medication will be accepted (no more than one week's supply).
21. Each item of medication should be delivered in its original dispensed container and handed directly to the Head teacher/Deputy head teacher or Senior Teacher or School Administrator.
22. Each item of medication should be clearly labelled with the following information:
  - Student's name
  - Name of medication
  - Dosage
  - Frequency of dosage
  - Date of dispensing (if appropriate)
  - Storage requirements (if important)
  - Expiry date (if available)
23. The school will not accept items of medication which are in unlabelled containers or not in their original container.
24. Where it is appropriate to do so, students will be encouraged to administer their own medication if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their student to carry their emergency medication with them.
25. It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a student's need for medication.
26. Staff who volunteer to assist in the administration of invasive medication will receive appropriate training/guidance through arrangements made with the school's Nurse Service. In pre-school settings arrangements will be made through Primary Care Health Visitors.
27. The school will make every effort to continue the administration of medication to a student whilst on activities away from the premises. While away from the school site, any medication will be carried and administered by the class teacher/trip leader or nominated professional as detailed in the risk assessment



## Parental Request to Administer Prescription Medication

Name of child:	Child's date of birth:
Child's class name:	Name of parent completing this request:
Name of health care professional who prescribed medication:	Emergency contact name and telephone number:

<b>Name of Medicine</b> (Medicine must be provided in original containers with pharmacy labels)	
<b>Dose required</b> (please ensure measuring spoon or equivalent is provided if needed)	
<b>Time medication is required*</b>	
<b>Date and duration of treatment</b> (Please collect any unused medicine at the end of the treatment period)	
<b>Storage requirements for medicine</b>	
<b>Other information</b>	

\*Three doses a day can be given outside the school day (breakfast, afterschool, bedtime). Please only ask us to administer medication in school when essential.

**Please administer the medication detailed above to my child.**

**I have read and understood the school's Policy for Supporting Students with Medical Conditions and for the Administration of Medicine.**

**Signed:**

**Date:**

**Print name:**

To be completed by a member of school staff

Medicine and form received by:	Date received:
Storage arrangements:	Do you agree to it is in the child's best interest to receive this medication (see paragraph 10 of policy)



**Parental Request to Administer Non-Prescription Medication**

NEW FORM REQUIRED FOR EACH DAY OF TREATMENT

Name of child:	Child's date of birth:
Child's class name:	Name of parent completing this request:
Emergency contact name and telephone number:	Reason that medication is needed:

<b>Name of Medicine</b> Medicine must be provided in original containers	
<b>Date required</b> Please contact the school office at the end of the day to receive unused medicine and be given details of medication that has been administered to your child.	
<b>Dose required</b> Please ensure measuring spoon or equivalent is provided if needed	
<b>Time medication is required</b> Analgesic medication will only be administered if needed at the time	
<b>Time and size of last dose</b>	
<b>Size and number of doses in last 7 days</b>	
<b>Other information</b>	

**Please administer the medication detailed above to my child. I have read and understood the school's Policy for Supporting Students with Medical Conditions and for the Administration of Medicine.**

**Signed:**

**Date:**

**Print name:**

To be completed by a member of school staff

Medicine and form received by:	Date received:
Storage arrangements:	Do you agree to it is in the child's best interest to receive this medication (see paragraph 10 of policy)