



In our school we love deeply, respecting everyone and treating them with dignity;
we aspire with confidence, working hard and embracing challenge and
we serve God and the community, following the example of Jesus, to create a better world.

Ephesians 5:2 (NLT)

“Live a life filled with love, following the example of Christ. He loved us and offered himself as a sacrifice for us”

Medical Needs Policy

The following policy has been written in conjunction with the statutory guidance **Supporting Pupils at school with Medical Conditions December 2015** which contains greater detail and information about medical needs, and Enfield CCG guidance on ‘Administration of medicines in schools and early years settings’.

1. Introduction

- The Governing Body and staff of Latymer All saints CE School wish to ensure that pupils with medical conditions and/or short or long term medication needs are not excluded but receive appropriate care and support.
- The Headteacher will accept responsibility in principle for members of staff giving or supervising pupils taking prescribed medication or need support due to their medical conditions during the day where those members of staff have volunteered to do so.
- Latymer All Saints CE School will identify a person responsible for supporting pupils with medical conditions and/or a requirement for the administration of medicines in situations where other members of staff do not volunteer to carry out the task

Note: Detailed information and guidance are contained in a separate document (**Supporting Pupils at School with Medical Conditions**) issued by the Government in December 2015.

2. Parent/Carers’ Responsibility

- Please note that parents/carers should keep their children at home if acutely unwell or infectious.
- Parents are responsible for providing the Headteacher and Welfare Officer with comprehensive information regarding their child’s condition and/or medication requirements.
- Prescribed and ‘Over-the-Counter’ medication will not be accepted in school without a completed ‘Parental/Carer Consent to administer prescription medication’ or ‘an over-the-counter (OTC) medicine’ form. (Appendix 1 & 2)
- Only reasonable quantities of medication should be supplied to the school for the administration by staff (for example, a maximum of four weeks supply at any one time).
- If a pupil is being educated on a another site for part of the week, it is the parent/caerers responsibility to inform the other site of medical needs and provide them with medication as needed. The school will of course liaise with the other site in addition.
- It is the parent/ Carers’ responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- For staff administration - each item of medication must be delivered to the Welfare Officer, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed** or bought over the counter

Each item of medication must be clearly labelled with the following information:

- Pupil's Name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important)
- Expiry date

3. Responsibility of School

- Staff will not give a non-prescribed medicine to a pupil unless there is specific prior written permission from the parents
- The school will not accept items of medication in unlabelled containers.
- Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet.
- The school will keep records, which they will have available for parents.
- If the pupil refuses to take their medication, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day.
- In this situation the medication record should note the refusal and the parental contact made.
- If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.
- The school will not make changes to dosages on verbal parental instructions.
- Staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
- For each pupil with a long-term or complex medical condition, the Welfare Officer will ensure that an Individual Healthcare Plan (IHCP) is drawn up, in conjunction with the pupil's parents and appropriate health professionals.
- Some pupils with a medical condition will also require the administration of medicines. The Welfare Officer will therefore ensure that all appropriate consent forms are completed and appropriate review periods set.
- The school will make every effort to liaise with a school nursing service to ensure that pupils with medical conditions are supported.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.
- Staff who assist in the administration of medication will be able to receive appropriate training/guidance through arrangements made with the School Nursing Service.
- The school will make every effort to continue the administration of medication whilst on trips away from the premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.
- All staff will be made aware of the procedures to be followed in the event of an emergency.

4. Asthma

Asthma can be a very serious health need, so the school have a specific Asthma Policy.

Monitor and Review of Policy

This policy will be reviewed regularly to reflect changing cohorts and the change in medical information and statutory guidance from the Local Authority and DfE.

Accepted by the Governing Body:

Review date: September 2021

Appendices:

Appendix 1: Parental/carer consent to administer a prescribed medicine

Appendix 2: Parental/carer consent to administer a prescribed medicine

Appendix 1

Latymer All Saints CE Primary School



Parental/carer consent to administer a prescribed medicine

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child’s name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for **each medicine**.

Child’s name	
Child’s date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: One tablet One 5ml spoonful	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for.	
Are there any possible side effects that the school needs to know about? If yes, please list them	

I give permission for my son/daughter to carry their own salbutamol asthma inhaler/Adrenaline auto injector pen for anaphylaxis [delete as appropriate].	Yes	
	No	
	Not applicable	

I give permission for my son/daughter to carry their own salbutamol asthma inhaler and use it themselves in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the headteacher /senior nursery staff member (or his/her nominee) to administer the prescribed medicine to my son/daughter during the time he/she is at school/nursery. I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school/nursery, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	

**Parental/carers consent to administer a prescribed medicine**

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for **each medicine**.

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: One tablet One 5ml spoonful	
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I give permission for my son/daughter to carry their own salbutamol asthma inhaler/Adrenaline auto injector pen for anaphylaxis [delete as appropriate].	Yes	
	No	
	Not applicable	

I give permission for my son/daughter to carry their own salbutamol asthma inhaler and use it themselves in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

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- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	