



Medication Policy

Review Summary

Adopted:	May 2017
Review Cycle:	Bi-annual
Last Review:	August 2017
Next Review:	August 2019

1. Introduction

- 1.1. The Trust wishes 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.
- 1.2. The academy's insurance will cover liability relating to the administration of prescription medication.

2. Staff Responsibilities:

- 2.1. Staff will be responsible for ensuring the following:
 - a. Procedures to be followed 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) are circulated and adhered to.
 - b. Procedures to be followed when a student moves to the academy mid-term or when a student has a new diagnosis are circulated to appropriate staff and any necessary changes are put in place.
 - c. Procedures are in place and circulated for the location and use of the school defibrillator.

3. Individual Healthcare Plans (IHCP)

- 3.1. Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed between the individual school within the Trust to help a student manage their condition and overcome any potential barriers to getting the most from their education are identified. *Refer to the Managing Pupils at Schools with Medical Conditions Policy for further information.*
- 3.2. The relevant Head teacher will have the final decision on whether an Individual Health Care Plan is required.

4. Students with asthma and the use of an Emergency Inhaler/spacer

- 4.1. The XXXXXXXXXXXX team will be responsible for the storage, care and disposal of asthma medication not held by individual students.
- 4.2. XXXXXXXXXXXX will be responsible for ensuring the following:
 - a. Instructing all staff on the symptoms of an asthma attack
 - b. Instructing all staff on the existence of this policy
 - c. Instructing all staff on how to check the asthma register
 - d. Making all staff aware of who are the designated first aid staff and how to access their help

- e. ensuring that designated staff:
 - Recognise the signs of an asthma attack and when emergency action is necessary
 - Know how to administer inhalers through a spacer
 - Make appropriate records of attacks

5. The Administration of Medicine

- 5.1. The Head teacher will accept responsibility in principle for members of academy staff giving or supervising a student taking prescribed medication during the day, where those members of staff have volunteered to do so.
- 5.2. Any parent/carer requesting the administration of medication will be given a copy of this policy.
- 5.3. Prescribed medication will be accepted and administered in the establishment. Prior written parental consent is required before any prescription medication can be administered.
- 5.4. It is the responsibility of parents/carers to notify the academy if there is a change in medication, a change in dosage requirements, or the discontinuation of a student's need for medication.
- 5.5. 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 medication with them. In the event of a drug which is prescribed but not emergency medicine such as Methylphenidate (Ritalin), students will not be allowed to carry these.
- 5.6. Staff who volunteer to assist in the administration of invasive medication will receive appropriate training/guidance through arrangements made with the academy's Nurse Service.
- 5.7. The academy will make every effort to continue the administration of medication to a student whilst on activities away from the premises.
- 5.8. **Non-prescription medication CANNOT be accepted and administered**, due to restrictions on the Trust insurance policy. The exception is for:
 - a. School Trips for pain relief using over the counter proprietary brands and only when parental consent forms have been signed and held by the school and adequate risk assessments are in place, which include the checking of consent forms and logging of medicines provided. The parental consent form for the school trip must specifically state that authority is given for the provision of pain relief using over the counter proprietary brands.

- b. Sun Cream, using over the counter propriety branded, in original containers and only when parental consent forms have been signed and held by the school. It will be the responsibility of the student to apply their own sun cream when needed.

5.9. Unless otherwise indicated, all medication to be administered will be kept in the first aid room.

5.10. Only reasonable quantities of medication will be accepted. Each item of medication should be delivered in its original dispensed container and handed directly to the Student Support Team authorised by the Headteacher.

5.11. Items of medication will not be accepted, which are in unlabelled containers or not in their original container.

5.12. Each item of medication should be clearly labelled with the following information:

- a. Student's name
- b. Name of medication
- c. Dosage
- d. Frequency of dosage
- e. Date of dispensing
- f. Storage requirements (if important)
- g. Expiry date (if available)

6. Policy Circulation

6.1. This Policy will be published on the Trust's website and included in the Trust's Policy Monitoring Schedule.

6.2. This Policy will be circulated to every Member, Trustee/Director, Governor and Senior Employee by sending an email to the link on the Trust's website.

6.3. The Trustees, in consultation with the Local Governing Bodies, are responsible for overseeing, reviewing and organising the revision of this Policy.

Adoption of the Policy

This Policy has been adopted by the Trustees of the Ted Wragg Multi Academy Trust.



Signed

(Chair of Trust)

Date: 27 September 2017

PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION MEDICINE

Name of the Academy

Notes to Parent / Guardians

- Note 1: This academy will only give your student medicine after you have completed and signed this form.
- Note 2: All medicines must be in the original container as dispensed by the pharmacy, with the student's name, its contents, the dosage and the prescribing doctor's name as appropriate.
- Note 3: The information is requested, in confidence, to ensure that the academy is fully aware of the medical needs of your student.

Prescribed Medication

Date	
Student's name	
Date of birth	
Group/class/form	
Reason for medication	

Name / type of medicine (as described on the container)	
Expiry date of medication	
How much to give (i.e. dose to be given)	
Time(s) for medication to be given	
Special precautions /other instructions	

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(e.g. to be taken with/before/after food)	
Are there any side effects that the academy needs to know about?	
Procedures to take in an emergency	
I understand that I must deliver the medicine personally to <i>Isca Academy Reception staff</i>	
Number of tablets/quantity to be given	
Time limit – please specify how long your student needs to be taking the medication	_____ day/s _____ week/s
I give permission for my son/daughter to be administered the emergency inhaler held by the school in the event of an emergency	Yes / No/ Not applicable
I give permission for my son/daughter to carry their own asthma inhalers	Yes / No / Not applicable
I give permission for my son/daughter to carry their own asthma inhaler and manage its use	Yes / No / Not applicable
I give permission for my teenage son/daughter to carry their adrenaline auto injector for anaphylaxis (epi pen)	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 Academy and medical staff	Yes / No / Not applicable

Details of Person Completing the Form:

Name of parent/guardian	
Relationship to student	
Daytime telephone number	
Alternative contact details in the event of an emergency	
Name and phone number of GP	
Agreed review date to be initiated by [named member of staff]	

I confirm that the medicine detailed overleaf has been prescribed by a doctor, and that I give my permission for the Headteacher (or her nominee) to administer the medicine to my son/daughter during the time he/she is at the Academy.

I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.

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

Parent's Signature _____ Date _____

(Parent/Guardian/person with parental responsibility)

**PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION AND NON-PRESCRIPTION MEDICINE
SCHOOL TRIPS ONLY**

Name of the Academy

Notes to Parent / Guardians

Note 1: This academy will only give your student medicine after you have completed and signed this form.

Note 2: For non-prescribed/over the counter medicine, it is only for the provision of pain relief using over the counter proprietary brands, in the original container.

Note 2: All medicines must be in the original container as dispensed by the pharmacy, with the student's name, its contents, the dosage and the prescribing doctor's name as appropriate.

Note 3: The information is requested, in confidence, to ensure that the academy is fully aware of the medical needs of your student.

Prescribed Medication

Date	
Student's name	
Date of birth	
Group/class/form	
Reason for medication	

Name / type of medicine (as described on the container)	
Expiry date of medication	
How much to give (i.e. dose to be given)	

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Time(s) for medication to be given	
Special precautions /other instructions (e.g. to be taken with/before/after food)	
Are there any side effects that the academy needs to know about?	
Procedures to take in an emergency	
I understand that I must deliver the medicine personally to <i>Academy Reception staff</i>	
Number of tablets/quantity to be given	
Time limit – please specify how long your student needs to be taking the medication	_____ day/s _____ week/s
I give permission for my son/daughter to be administered the emergency inhaler held by the school in the event of an emergency	Yes / No/ Not applicable
I give permission for my son/daughter to carry their own asthma inhalers	Yes / No / Not applicable
I give permission for my son/daughter to carry their own asthma inhaler and manage its use	Yes / No / Not applicable
I give permission for my teenage son/daughter to carry their adrenaline auto injector for anaphylaxis (epi pen)	Yes / No / Not applicable
I give permission for my son/daughter to carry and administer their own	Yes / No / Not applicable

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