

# **CANTRELL PRIMARY AND NURSERY SCHOOL**



## **Medicines Policy**

**September 2020**

The purpose of this policy is to ensure that any medicines administered within school are done so in a safe and monitored environment. It has been written using guidance from the DfE document, "Supporting pupils at school with medical conditions" December 2015. Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well. In line with government guidelines, we would ask that children are not sent to school when they are clearly unwell or infectious.

### **Parental Responsibility**

Parents/Carers have the prime responsibility for their child's health and should provide Cantrell with information about their child's medical condition. This should be done upon admission or when their child first develops a medical need. Where a child has a long term medical need then a health plan will be drawn up with the Parents/Carers and Health Professionals

### **Prescribed Drugs**

- Medicines should only be taken to school where it would be detrimental to a child's health if the medicine were not administered during the school day. Cantrell can only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- Parents will complete and sign a 'medication parental consent form' and a member of staff will sign agreement for the medicine to be administered (*See Appendix 1*)
- Medicines will be stored in a locked cupboard or fridge during the day
- A record will be made of when the medicine was dispensed.
- Parent/Carer should make arrangements to collect the medicine from the school office at the end of the day unless alternative arrangements are made with the school staff. Medicines will not be handed to a child to bring home unless agreed as in Self Management below

### **Non Prescribed drugs**

We will only administer non-prescribed drugs (e.g. Calpol) where parents have brought in the medicine and signed a consent form. The school is unable to administer any medicines that contain Aspirin unless prescribed by a doctor

### **Refusal of Medicine**

If a child refuses to take medicine, we will not force them to do so, but will note this in the records and contact the named contact on the medicine record form. If a refusal to take medicines results in an emergency then our emergency procedures will be followed.

### **Self-Management**

- Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

- Parents/Carers will be required to complete a “Self Management” form which will detail where the medicines are to be stored during the school day (see *Appendix 2*).

### **Educational Visits**

- In line with Cantrell’s SEN policy, we will make reasonable adjustments to enable children with medical needs to participate fully and safely on visits. Any risk assessments undertaken will allow for such children.
- Staff supervising excursions will be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans will be taken on visits in the event of the information being needed in an emergency.
- If staff members are concerned about whether they can provide for a child’s safety or the safety of other children on a visit, they will seek parental views and medical advice from the school health service or the child’s GP.

### **Sporting Activities**

- Most children with medical conditions can participate in physical activities and extracurricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child’s ability to participate in PE should be recorded in their individual health care plan. The school is aware of issues of privacy and dignity for children with particular needs.
- Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Older pupils will be expected to keep their inhalers with them at all times. For younger children, staff will transport inhalers with the class in a container

### **Known medical conditions**

- A list of all children within a class with any known medical condition will be placed in each classroom.
- A central register will be placed in the staffroom to ensure that all teaching staff, lunchtime supervisors and support staff have access to the information.

### **Training**

- Any staff required to administer prescribed medicines will receive training to do so.

Signed: Jacquie Ellis

Reviewed by:

**Review date: September 2021**

## Parental consent to give medication in school



<b>Child's name:</b>			
<b>Class:</b>			
<b>Date from:</b>		<b>Date to:</b>	
<b>Name of medicine:</b>			
<b>Dosage:</b>		<b>Frequency:</b>	
<b>Time to be given:</b>			
<b>Parent/ carer agreement (signature):</b>			
<b>Relationship to child:</b>			

<b>Staff agreement (signature):</b>	
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**Appendix 2**

**Request for a pupil to carry his/her prescribed medicine**

*THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN*

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Medicine: \_\_\_\_\_

Procedures to be taken in an emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Information**

Name: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone No: \_\_\_\_\_

\_\_\_\_\_

Relationship to child: \_\_\_\_\_

\_\_\_\_\_

I would like my son/daughter to keep his/her medicine on him/her for use as necessary. I have discussed with them and am happy they understand that the medicine is for their own use and is not to be shared with any other child.

Signed:

Date:

*If more than one medicine is to be given, a separate form should be completed for each one.*