



**POLICY FOR SUPPORTING STUDENTS WITH MEDICAL CONDITIONS AND FOR THE
ADMINISTRATION OF MEDICINE**

1. The staff of St Mary's Catholic Primary School, Buckfast 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 academy's insurance will cover liability relating to the administration of medication.
3. The Headteacher will be responsible for ensuring the following are in place:
 - 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)
 - Procedures to be followed when a student moves to the academy mid-term or when a student has a new diagnosis
4. The effectiveness of these procedures will be monitored and reviewed by the local governing body.
5. Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed between St Mary's Catholic Primary School, Buckfast, 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 will 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 academy 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 academy activities outside the normal timetable; completion of risk assessments for visits and academy 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 Headteacher 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 academy staff giving or supervising a student taking prescribed medication during the day, where those members of staff have volunteered to do so.
8. A copy of this policy will be made available to any parent / carer requesting the administration of medication.
9. Prescribed medication will be accepted and administered in the school
10. Non-prescription medication will be accepted and administered in the school.
11. Prior written parental consent is required before any medication can be administered. (See Appendix A).
12. Only reasonable quantities of medication will be accepted (no more than one week's supply).
13. Each item of medication should be delivered in its original dispensed container and handed directly to the Headteacher, Classteacher or Bursar.
14. Each item of medication should be clearly labelled with the following information:
 - Student's name
 - Name of medication
 - Dosage
 - Frequency of dosage
 - Storage requirements (if important)
 - Expiry date (if available)
15. The academy will not accept items of medication which are in unlabelled containers or not in their original container.
16. Unless otherwise indicated, all medication to be administered in the academy will be kept in the first aid cabinet or fridge in the school office.
17. 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.
18. 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. In pre-school settings arrangements will be made through Primary Care Health Visitors.
19. The academy will make every effort to continue the administration of medication to a student whilst on activities away from the premises.

Appendix A

**PARENTAL AGREEMENT TO ADMINISTER
PRESCRIPTION OR NON-PRESCRIPTION MEDICINE**

St Mary's Catholic Primary School, Buckfast

Notes to Parent / Guardians

- Note 1: This school will only give your child medicine after you have completed and signed this form.
- Note 2: All medicines must either be in the original container as dispensed by the pharmacy, with your child's name, its contents, the dosage and the prescribing doctor's name (in the case of prescription medication) or in the original packaging (e.g.: sealed blister pack) for non-prescribed medicine.
- Note 3: This information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your student.

Medication details

Date	
Student's name	
Date of birth	
Class	
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 (e.g. to be taken with/before/after food)	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
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

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 school bursar	

Delete as applicable:

- 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.
- I confirm that the medicine detailed is in the original packaging (in the case of non-prescription medication).

I understand that I must deliver the medicine personally to the headteacher, classteacher or school bursar.

I will inform the school 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 / Carer / person with parental responsibility)