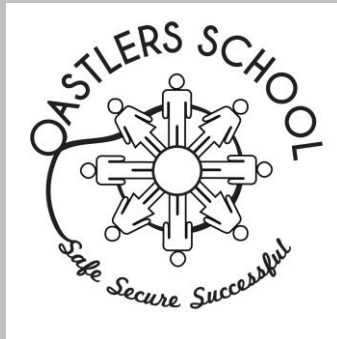


Medicines Policy



Oastlers Policy

Approved by Governing Body On	1 September 2013
To be Reviewed On	September 2016
Signed on Behalf of the Governing Body	Mike Vigurs

MEDICINES POLICY

OVERVIEW

Where learners have been prescribed medications by a doctor or other appropriately qualified health care professionals, it may be necessary for them to continue with the treatment in school. Our policy is to ensure that learners who need medication during school hours have their special needs met in such a way that they retain the fullest access to the life and work of the school. This policy sets out how the school will establish safe procedures.

OBJECTIVES

1. To keep medication safe in school.
2. To ensure that learners who need to take medication while they are in school have their needs met in a safe and sensitive manner.
3. To make safe provisions for the supervision and administration of medication in school time.

STRATEGIES

1. Only medication prescribed by a doctor, or authorised health care worker, will be administered in school.
2. Only members of staff that have been trained and authorised by the Head Teacher may supervise and administer medication. In emergency, the Head Teacher will make appropriate alternative arrangements. In some circumstances, as determined by the Head Teacher, a learner's parents or qualified, specialist, nursing staff may be asked to visit school to administer the medication.
3. Parents must send written requests to the Head Teacher when they wish the school to supervise or administer medication.
4. Parents must visit the school to discuss what is being requested and to agree the procedures proposed by the school.
5. Medication must be sent into school in its original container.
6. Medication will be kept safely according to the instructions on its container. Where medication needs to be kept in a refrigerator the Head Teacher will decide how it is to be stored.
7. When learners needing medication are on visits away from school, the school will do its best to see that, as far as possible, within the available resources, special arrangements are made to allow the learner to participate. This may mean that the learner's parent will be requested to accompany them on such visits and outings.

OUTCOMES

The school will do all that it can to ensure that learners with medical and special needs will have as little disruption to their education as possible. It will make safe arrangements for the administration and keeping of medication and it will seek to ensure that sufficient members of staff are trained and confident to supervise and administer medication.

Revised and adopted by the Governing Body

Documentation

Appendix 1	Request Form and Instructions
Appendix 2	Additional Form where several medications are required
Appendix 3	Confirmation to parents of Executive Head Teacher's agreement
Appendix 4	Request for pupil to carry and administer own medication
Appendix 5	Record of Medication Given
Appendix 6	Staff Training Record

SUPPORTING CHILDREN WITH MEDICAL NEEDS OASTLERS SCHOOL
The Administration of Medicines at Oastlers School

Request form for parents/carers to complete if they wish the school to administer medication.

The school will not give your child any medication unless you complete and sign this request form and the Headteacher has confirmed that school staff have agreed to administer the medication and, where necessary have received appropriate training.

DETAILS OF PUPIL

Surname	
Forename(s)	
Address	M/F
	DATE OF BIRTH
	CLASS
Condition or Illness	
Medication	
Name/type of medication (as described on container)	
For how long will your child take this medication?	
Date dispensed	
Full directions for use	
Dosage and amount (as per instructions on container)	
Method	
Timing	
Special storage instructions (explain if medicine should remain in school or return home daily)	
Special precautions	
Side effects	
Self administration	
Action to be taken if learner refuses to take the medication	

Procedures to take in an emergency		
CONTACT DETAILS		
Name		
Daytime Telephone No		
Relationship to learner		
Address		
<p>I understand that I must deliver the medication personally to (agreed member of staff) and I request that authorised staff administer the above medication to my child. I accept that this is a service which the school is not obliged to undertake.</p> <p>I consent to medical information concerning my child's health to be shared with other school staff and/or health professionals to the extent necessary to safeguard her/his health and welfare.</p> <p>I confirm that the medication has been prescribed by a doctor/consultant and that this information has been provided in consultation with my child's doctor/consultant.</p>		
Signature		Date
FULL NAME OF PARENT/CARER (IN CAPITALS)		
Signature		Date
FULL NAME OF PARENT/CARER (IN CAPITALS)		

Each item of medication must be delivered in its original container and must be clearly labelled with the following information: Learner's name, name of medication, dosage, frequency of dosage, date of dispensing, storage requirements (if necessary) and expiry date.

**SUPPORTING CHILDREN WITH MEDICAL NEEDS IN OASTLERS SCHOOL
The Administration of Medicines at Oastlers School**

For parents/carers to complete for learners who require several medications

Learner's name:

Learner's Date of Birth:

I confirm that the combined medications listed below have been administered to my child without any adverse effect and that approval has been obtained from a medical practitioner for their combined administration.

SignedDated.....

Relationship to child.....

Date Information Supplied	Name of Medication	Type	Dose	When Given	Method of Administration	Start Date (as applicable)	End Date (as applicable)	Special Precautions	Side Effects	Emergency Procedures

Please add any other relevant information below (continue overleaf if necessary)

SUPPORTING CHILDREN WITH MEDICAL NEEDS IN OASTLERS SCHOOL
The Administration of Medicines at Oastlers School

CONFIRMATION OF THE HEADTEACHER'S AGREEMENT TO REQUEST TO ADMINISTER MEDICATION

(Example letter for Oasters School to complete and send to parent/carer if school agree to their request to administer medication to a named child).

Dear *(name of parent/carer)*

I agree that *(name of child)* will receive *(quantity and name of medication)* every day at *(time medication to be administered e.g. lunchtime or afternoon break)* as you have requested

(Name of child) will be supervised whilst he/she takes their medication by *(name of member of staff)*. This arrangement will continue until *(either end of course of medication or until instructed by parents)*.

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

- Learner's name
- Date of Birth
- Address
- Name of Medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements (if necessary)
- Expiry date

Oastlers School will not accept medication which is in unlabelled containers.

You have already supplied to us the information in the attached form giving details of your child's medication.

Where your child requires several medications you have confirmed that the combined medication has been administered to your child without any adverse effect and that approval has been obtained from a medical practitioner for their combined administration.

Can I remind you that it is your responsibility to ensure that Oastlers School is informed in writing of any changes in your child's medication. The school should also be informed of any other circumstances that may affect the administration of medicine or your child's reaction to that medicine.

Signed:
(Headteacher)

I confirm that I will supervise (_____) whilst he/she takes their medication.

Signed:
(Name of member of staff)

SUPPORTING CHILDREN WITH MEDICAL NEEDS IN OASTLERS SCHOOL
The Administration of Medicines at Oastlers School

REQUEST FOR PUPIL TO CARRY AND ADMINISTER OWN MEDICATION

This form must be completed by parents/carers.

Learner's Name: Class/Form:

Address:

..... Date of Birth.....

Condition or Illness:

.....

.....

Name of medication:

Procedures to be taken in an emergency:

.....

.....

CONTACT INFORMATION

Name:

Daytime Telephone No:

Relationship to child:

I would like my daughter/son to keep her/his medication on her/him for use as necessary and

I confirm that s/he may administer her/his own medicine or

I confirm that s/he may administer her/his own medicine but will require supervision

Signed: Date:

Full Name (in capitals)

Relationship to child:

SUPPORTING CHILDREN WITH MEDICAL NEEDS IN OASTLERS SCHOOL
The Administration of Medicines at Oastlers School

STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINE

Form for recording training for staff

Name:

Type of training received and medication covered:

.....

Date training completed:

Training provided by:

I confirm that has received the training detailed above and is competent to carry out any necessary administration of medication.

Trainer's signature: Date:

Suggested Review Date:

I confirm that I have received the training detailed above

Staff signature: Date:

Headteacher Signature: Date: