



**Branscombe CE Primary School, Broadhembury CE Primary School and  
Farway CE Primary School**

**Policy for Supporting Students with Medical Conditions and for The Administration of  
Medicine**

Responsible for review	
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Due for review: Autumn	Approved by Governing body on	Head teacher signature	Chair of Governors signature
2014			
2016			
2018			

1. The staff of The Jubilee Federation 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. Each school's insurance will cover liability relating to the administration of medication.
3. The SENCO at each school will be responsible for ensuring the following:
  - 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) this will include communication between SENCO and parents, reading correspondence from medical experts who have worked with the child as well as the school nursing team (who may provide or signpost us to training for staff), care plan written and shared with staff, training related to any medication and medication checked for expiry date etc, communication with the child's previous school.
  - Procedures to be followed when a student moves to the school mid-term or when a student has a new diagnosis this will include communication between SENCO and parents, reading correspondence from medical experts who have worked with the child as well as the school nursing team (who may provide or signpost us to training for staff), care plan written and shared with staff, training related to any medication and medication checked for expiry date etc, communication with the child's previous school.



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- Procedures for asthma inhalers/spacers will be to communicate with parents, take note of medical information, prepare a care plan relating to the child being able to have an inhaler on their person and able to administer themselves or with support and whether to hold a spare inhaler in a central place in the school. The care plan will need to be signed by the parents and a procedure put in place for regularly checking expiry dates of inhalers that are stored in school. All inhalers must be labelled with the child's name and must not be administered to other pupils in any circumstances.
4. The above procedures will be monitored and reviewed by Katie Gray and the Governing Body
  5. Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed between The Jubilee Federation, 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 must 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 school 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 school activities outside the normal timetable; completion of risk assessments for visits and school 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. Mrs Katie Gray (Executive Headteacher) will have the final decision on whether an Individual Health Care Plan is required.



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**THE ADMINISTRATION OF MEDICINE**

7. The Headteacher will accept responsibility in principle for members of school staff giving or supervising a student taking prescribed medication during the day, where those members of staff have volunteered to do so and they follow the appropriate school policy and procedures. It should be noted that managing medicines is not part of a teacher's/classroom assistant's duties unless specified.
8. Any parent/carer requesting the administration of medication will be given a copy of this policy.
9. Prescribed medication will be accepted and administered in the establishment if there is a member of staff willing to do so
10. Non-prescription medication will not be accepted and administered other than for travel sickness medication.
11. Prior written parental consent is required before any medication can be administered using the DCC Administration of Medicine form (appendix 1).
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, with the individualised prescription label on it, and handed directly, by the parent or carer (not child) to the Headteacher, class teacher or member of the clerical team as authorised by the Headteacher. Particular care should be taken when handing over dangerous drugs such as Methylphenidate (Ritalin) which, like any medicine should be handed over from adult to adult and secured away immediately.
14. Each item of medication should be clearly labelled with the following information:
  - Student's name
  - Name of medication
  - Dosage
  - Frequency of dosage
  - Date of dispensing
  - Storage requirements (if important)
  - Expiry date (if available)



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15. The school will not accept items of medication which are in unlabelled containers or not in their original container, are out of date or do not have dosage instructions.
16. Unless otherwise indicated, all medication to be administered in the school will be kept in the fridge or locked medicine cabinet.
17. Medicines will be administered as required by the prescriber's instructions. A record of this is made (see appendix 2). The child, if possible, will self administer the medicine under adult supervision.
18. 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 to carry these.
19. It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a student's need for medication.
20. Staff who volunteer to assist in the administration of invasive medication will receive appropriate training/guidance through arrangements made with the school's Nurse Service. In pre-school settings arrangements will be made through Primary Care Health Visitors.
21. The school will make every effort to continue the administration of medication to a student whilst on activities away from the premises.

**Grievance Procedure**

22. See federation Grievance Policy.



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**APPENDIX 1  
Devon Administration of Medicine in Schools Form**



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## PARENTAL AGREEMENT FOR A DCC ESTABLISHMENT TO ADMINISTER MEDICINE

### The Jubilee Federation

#### Notes to Parent / Guardians

**Note 1:** This establishment will not give your child medicine unless you complete and sign this form and where the establishment has a policy that staff can administer medicine.

**Note 2:** All Medicines must be in the original container as dispensed by the pharmacy, with the young persons name, its contents, the dosage and the prescribing doctor's name

**Note 3:** The information is requested, in confidence, to ensure that the establishment is fully aware of the medical needs of your child. While no staff member can be compelled to give medical treatment to a young person, it is hoped that the support given through parental consent, the support of the County Council through these guidelines and the help of the School Medical Service will encourage them to see this as part of the pastoral role. Where such arrangements fail it is the parents' responsibility to make appropriate alternative arrangements

#### 1. Prescribed Medication

Date	
Child's name	
Date of birth	
Group/class/form	
Name and strength of medicine	
How much to give (i.e. dose to be given)	
When to be given	
Reason for medication	
Number of tablets/quantity to be given to the establishment	
Time limit – please specify how long your child needs to	_____ day/s _____ week/s



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be taking the medication	
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 managed 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 establishment and medical staff	Yes / No / Not applicable

Daytime phone number of parent or adult contact	
Alternative Contact 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 Head Teacher (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is at a DCC establishment. I will inform the establishment 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)



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**APPENDIX 2  
Administration of Medicines Record Sheet**





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## RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL YOUNG PERSON

The Jubilee Federation

Name of Young Person	
Tutor group	
Date medicine provided by parent	
Name and strength of medicine	
Quantity received	
Dose and frequency of medicine	
Expiry date	
Quantity returned	

Staff signature \_\_\_\_\_ Initials \_\_\_\_\_

### Log of Medicines Administered

Date	Time given	Dose given	Staff Name/Initials	Notes/ problems