## **Medical Needs Policy**

### Policy statement

We aim to promote the good health of every child and to ensure that we meet their individual medical needs, whether in the short or long term.

We ask parents to request that their doctor, wherever possible, prescribe medication which can be taken outside the school day.

However, we as a school recognise that there are times when it may be necessary for a pupil to take medication during the school day. We are prepared to take responsibility for these occasions in accordance with the guidelines laid down in this Policy. This policy is written with regard to guidance 'Supporting pupils at school with medical needs' DfE August 2017.

### Admission to school

All parents/carers will be asked to complete a Health Information Form (Appendix 1) as part of the admissions process giving full details of their child's medical conditions, regular medication, emergency medication, emergency contact numbers, name of family doctor, details if your child is under care of a hospital consultant, allergies, special dietary requirements etc. For children with allergies we may require a letter from the child's GP stating level of allergy and medication required to ensure their needs are met. All staff on induction and at beginning of each term will receive information about children with long term medical needs and/or allergies.

### Children with long Term medical needs

Should we be asked to admit a child to school with long term medical needs we will, in partnership with the parents/carers, or medical advisors, discuss their individual needs. This will be recorded on the child's Health Information Form completed on admission to Carrdus. The Health Information Form needs to be completed and signed by the child's parents/carers. Any resulting training needs will be met. An Individual Care Plan will be drawn up by Head in conjunction with parents and school office.

## Administration of prescribed and non-prescribed medication in school

- Should a pupil need to receive medication during the school day, parents/carers need to come into school and personally hand over the medication (in original container with dosage stated on it) to Mrs Woolf or in her absence another member of school office staff. Parents/carers must complete and sign an Administration of Medicine Consent Form (Appendix 2) giving details of dosage and timings for medicine to be given. If written consent cannot be given in person, it can be given by email and attached to an Administration of Medicine Consent Form.
- Prescribed medication should be in the container as prescribed by the doctor and as dispensed by the pharmacist with the child's name, dosage and instructions for administration printed clearly on the label. Medicines containing aspirin may only be administered if prescribed by a doctor.
- We do not administer non-prescribed medication unless we have parent/carer consent in writing.

- Should a child require administration of non-prescribed medication including a painkiller (Calpol or liquid paracetamol) or an anti-histamine (Piriton) we will ensure that parents have given written consent before administration takes place in writing in person or by email.
- A record of the administration of each and every dose will be kept on the Administration of Medicine Record Form' (Appendix 3), which will be signed by Mrs Woolf or in her absence another member of school office staff. The person who administered the medication will confirm time of, dosage of and any reaction to administered medicine by email.
- Reasons for any non-administration of regular medication should be recorded and the parent/carer informed by email.
- A child should never be forced to accept a medication.
- Wasted doses (e.g. tablet dropped on floor) should also be recorded.
- Should the child be required or is able to administer their own medication e.g. reliever inhaler for asthma, we ask parents to indicate this in their child's Health Information Form.

## Storage and disposal of medication in school

- All medication, with the exception of emergency medication and medication requiring refrigeration, will be kept in a draw in the school office.
- Emergency medication will be kept in an agreed location indicated in the child's Health Information Form
- Medication requiring refrigeration will be kept securely in the fridge in the school office.
- A regular check will be made of medication at least termly and parents will be asked to collect any medication which is out of date or not clearly labelled. If parents/carers do not collect this medication it will be taken to the local pharmacy for disposal.

## Staff taking medicine

We ask staff to disclose annually any medication they are taking for long term medical needs and any medication which might affect their ability to care for children. Any medication brought onto the premises will be stored securely away from children.

## **Appendix 1: Health Information Form**

NAME:

DATE OF BIRTH:

DOCTOR'S NAME, ADDRESS. AND TEL. NO:

Daytime telephone numbers and contacts in case of emergencies:

1.

2.

3.

#### 5.

#### **MEDICAL HISTORY**:

(For example asthma, diabetes, epilepsy, fits or blackouts, hearing or vision difficulties, headaches, urinary problems or any other health issue which may affect your child's school life)

### ALLERGIES:

Cause of allergy:

Treatment:

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#### **SPECIAL DIETARY INFORMATION:**

**REGULAR MEDICATION**: (Including prescription, over-the-counter and herbal medication)

Name:

For treatment of:

To be taken at school?

Before medication of any kind can be administered at school, please ensure parent/carer and member of office staff signs the Administration of Medicine Consent Form in the Office

#### **EMERGENCIES:**

In the event of an emergency we will contact you immediately. However, if we are unable to contact, you please sign below if you consent to our seeking necessary emergency advice or treatment for your child.

SIGNATURE:

DATE:

If the information given in this form should change at any time during your child's time at this school, please update this form.

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Appendix 2: Administration of Medicine Consent Form
I confirm that I wish Carrdus School to administer the following medication (name of medication)
should my child (name of child)
require it.
The correct dose and procedure is (dose as written on container and details of procedure)
In an emergency the procedure is (details of emergency procedure)
I confirm that it is my responsibility to ensure the medication is correctly labelled and up to date and to inform the school should these instructions change.
Signed Dated

Date	Child's name	Appendix 3: Adminis Name of medicine and dosage	Time for medicine to be given/was given	Any reactions	Signature of Parent (or date and time of email of consent)	Signature of person who administered medicine (and date and time of email of administration)

This policy refers to all sections of Carrdus including EYFS

# **Carrdus School**

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