



# SUPPORTING CHILDREN WITH MEDICAL CONDITIONS POLICY

# Introduction

At Values Academy we aim to promote the wellbeing and academic attainment of all pupils and learners including those who have medical conditions. We believe that pupils at our school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. As such we have used the Department for Education's Statutory Guidance for Supporting Children with Medical Conditions to compile this policy which will be used to govern the support we offer these children including the administration of medication.

## **Who does it apply to?**

This policy applies to the management, all staff members, all pupils, parents and carers, other professionals who work with the pupils of Values Academy.

## **Admission**

According to the School Admissions Code children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children.

At Values Academy no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

However, in line with our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases.

We therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

## **Individual Healthcare Plans**

Individual Healthcare Plans will be used by Values Academy to help provide clarity about what should be done for pupils with medical conditions or who are likely to have medical emergencies.

The plan also states who should carry out the action and when or how frequently.

Not all learners will need an Individual Healthcare Plan.

Values Academy will consult with parents/carers and the pupils healthcare professional to find out when this plan is appropriate. This will be done at the point of referral.

## **Procedures for Administering Medication**

The School Principal will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day.

**Please note that parents should keep their children at home if acutely unwell or infectious.**

Parents/carers who want the school to administer medication to their child will be asked to complete a request form

Prescribed medication **will not** be accepted in school without a request from the parent/carer.

Staff **will not** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

Each item of medication must be delivered to the School Principal or the Authorised Person, in normal circumstances by the parent/carer, **in a secure and labelled container as originally dispensed**. A record of medication received will be kept

The Authorised Persons at Values Academy Birmingham are Lynn Hatfield, and Hayley Cartin. The Authorised Persons at Values Academy Nuneaton are Chelesste Tirabasso, Sarah Albrighton and Cheryl Monaghan.

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

- Students Name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important)
- Expiry date

**The school will not accept items of medication in unlabelled containers.**

Medication will be kept in a secure place, in a locked cabinet out of the reach of pupils.

Medication will be administered at school by the Authorised person unless the pupil is working offsite.

When a student is working offsite medication will be given to the Teacher or Mentor who will sign for it to accept responsibility while it is offsite.

The Authorised Person, Teacher or Mentor who gives medication or supervises students while they take their medication will write details and sign the Record of Medication

If a student refuses to take medication, staff will not force them to do so, and will inform the parents/carers of the refusal, **as a matter of urgency**, on the same day.

If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

It is the responsibility of parents/carers to notify the school in writing if the pupil's need for medication has ceased.

It is the parents'/carers' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

The school will not make changes to dosages specified on the medication label on the instructions of parents/carers.

School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent/carer at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

Staff members who assist in the administration of medication have received the following training/guidance.

### **Trips and Educational Visits**

The school will make every effort to continue the administration of medication to a student whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a student on a school trip if appropriate supervision cannot be guaranteed.

All staff will be made aware of the procedures to be followed in the event of an emergency.

### **Responsibilities**

Agreeing to Administer Medication – The School Principal/Allocated Leader of the visit/trip

Accepting, Storing and Administering Medication on school premises **Lynn Hatfield** in Birmingham  
**Chelesste Tirabasso** in Nuneaton.

Next review; September 2021

# FORM 1 - Medication permission

## Student's information

Name of school .....

Name of Student .....

Date of birth .....

Medical condition or illness .....

Date medication provided by parent .....

Name of medication .....

Dose and method (how much and when taken) .....

When is it taken (time of day) .....

Quantity received .....

Expiry date .....

Are there any side effects that the school needs to know about? .....

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Principal signature .....

Print name .....

Staff signature .....

Print name .....

Parent signature .....

Print name .....

Parent contact number .....

## **Medicines must be in the original container as dispensed by the pharmacy**

If your child takes more than 1 medication please complete a form for each additional medication.

### **Form 1a**

Daytime phone of parent/carer: \_\_\_\_\_

Name of GP: \_\_\_\_\_

GP phone number: \_\_\_\_\_

Review date: \_\_\_\_\_

**The above information is, to the best of my knowledge, accurate at the time I am writing. I give consent to Values Academy Independent School staff to administer medication / supervise my child while taking medication. I will inform the school immediately if there is any change in dosage or frequency prescribed by the GP.**

Parent/Carer signature \_\_\_\_\_ Print Name: \_\_\_\_\_

**MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY**

**Form 2: Agreement to Administer Medication**

I **Fiona Hims the School Principal** of Values Academy Independent School accept responsibility in principle for my members of staff to:

Administer medication to \_\_\_\_\_ or

This agreement follows a request made by \_\_\_\_\_ (see the attached Parent/Carer request for the school to administer/supervise medication) on \_\_\_\_\_

It is agreed that \_\_\_\_\_ will receive the following medication

Name of Medication	Quantity to be taken	Time of medication

This pupil \_\_\_\_\_ will be

**Given** the medication and **supervised** by the authorised person \_\_\_\_\_

or their Teacher/Mentor if they are offsite at the time of medication.

This arrangement will continue until the date instructed by parents/carers.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Form 3: Record of Medication (2 pages should be printed back to back)**

This form should be completed for each medication taken by a pupil.

**The Medication:** To be completed by the Authorised Person

School	
Name of Student	
Year group	
Name and strength of medication	
Dosage and frequency of medication	
Authorised Person Signature	
Parent/Carer Signature	

**Weekly Record**

Date					
Time(s) given					
Dose given (each time)					
Member of Staff					
Signature					

Date					
Time(s) given					
Dose given (each time)					
Member of Staff					
Signature					



**Form 3 cont : Record of Medication**

Date					
Time(s) given					
Dose given (each time					
Member of Staff					
Signature					

Date					
Time(s) given					
Dose given (each time					
Member of Staff					
Signature					



## **FORM 5 - Residential visits and Out-of-school Activities For pupils with medical conditions at school**

The school will not give your child medication unless you complete and sign this form. Please complete this form for medication that your child will need on the visit no earlier than seven days before the start of the visit. This form will be attached to the Healthcare Plan and taken on the visit.

Student Name: .....

DOB .....

Medical Condition/illness .....

Name .....

Relationship to pupil .....

Phone (day) .....

Mobile .....

Phone (evening) .....

Name of school .....

Date(s) of visit .....

Visit destination .....

Please provide any other information that the school needs to be aware of regarding your child's medical condition and recent health before the residential visit or out-of-school activity:

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