



Beecroft Garden  
**PRIMARY SCHOOL**

# BEECROFT GARDEN PRIMARY SCHOOL

## MEDICAL POLICY

Reviewed policy agreed: February 2015
Reviewed policy shared with staff on:
Policy to be reviewed again on:

# BEECROFT GARDEN PRIMARY SCHOOL

## MEDICAL NEEDS POLICY

This policy has been drawn up in accordance with the DfE guidance Managing medicines in schools

### Principles

Most pupils will, at some time, have a medical condition which may affect their participation in school activities. For many this will be short-term: perhaps finishing a course of medication.

Other pupils have medical condition that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

This policy defines the ways in which Beecroft Garden Primary School supports the needs of pupils with medical conditions (temporary or long-term), whilst safeguarding staff by providing clear guidelines and parameters for the support they offer.

### Aims

1. To ensure that children with medical needs receive proper care and support in school.
2. To provide guidance to staff, teaching and non-teaching, on the parameters within which they should operate when supporting pupils with medical needs.
3. To define the areas of responsibility of all parties involved: pupil, parents, staff, Headteacher, Governing Body, etc.

### Practice

1. **Parents/carers** are responsible for ensuring that their child is well enough to attend school.
2. **Parents/carers** must provide the Headteacher with sufficient information about their child's medical condition and support and care required at school.
3. **Parents/carers** and the Headteacher must reach an agreement on the school's role and responsibility for support for the child.
4. In the event of legal action over an allegation of negligence, it is the employer rather than the employee who is likely to be held responsible. The need for accurate records in such cases is crucial. Therefore thorough and accurate record-keeping systems have been drawn up, to be maintained by staff involved in supporting pupils with medical needs.
5. **The Headteacher** will ensure that staff who are willing or for whom care of pupils with medical needs falls within their job role should receive appropriate training to assist them with the role of supporting pupils with medical needs.

6. **The Headteacher** ensures that all parents are informed of the school's policy and procedures for medical needs.

7. **The Governing Body** ensures that the school has clear systems in place, in relation to this area of school life.

8. **School staff** are naturally concerned about their ability to support pupils with a medical condition particularly if it is potentially life threatening. They need to understand:

- a. The nature of the condition
- b. When the pupils may need extra attention
- c. Where the pupils may need extra attention

(This information is to be provided by the pupil's parents)

- d. The likelihood of an emergency
- e. The action to take in the event of an emergency

9. **There is no legal duty which requires school staff to administer medication. This is a voluntary role.**

10. **The Governing Body** of Beecroft Garden Primary School has determined that staff will not actively administer medication to a pupil except where a child is undergoing an emergency (e.g. anaphylactic shock, severe asthma attack) or where a child is physically unable to self-medicate under supervision.

11. **The Governing Body** of Beecroft Garden Primary School has determined that non-prescribed medication will not be given to pupils, under any circumstances, except where a pupil suffers regularly from acute pain (e.g. migraine). In this case, the parent must authorise and supply appropriate painkillers for their child's use with clear, written instructions. A member of staff will issue the medication, and notify the parents in writing on the day the painkillers are taken.

12. **The Governing Body** of Beecroft Garden Primary School has determined that school staff may, if willing, supervise pupils taking medication provided:

- a. There has been a written request from parents
- b. There have been written details from the parents or doctor including:
  - i. Name of medication
  - ii. Dose
  - iii. Method of administration
  - iv. Time and frequency of administration

v. Other treatments

vi. Any side effects (see form 1)

The school will keep a record of medicine taken by pupils under supervision of named staff, using form 3.

13. Where pupils refuse to take their medication under supervision, as requested by parent or doctor, the staff will not force them to do so by any means. The parents will be informed immediately (for this reason it is the parents' responsibility to ensure that accurate and reliable contact details are available at school). Parents will take responsibility for their child's medical needs at this point, by coming to collect their child/supervise medication personally, advising emergency action (e.g. ambulance) or deeming that the child may remain unmedicated in school until the end of the school day. The school will, if in any doubt about a child's condition, contact the emergency services, with or without a parent's request/consent.

**14. School Trips**

The school will make every effort to ensure that pupils with medical needs have the opportunity to participate in school trips, as long as the safety of the child concerned and that of other pupils is not compromised by their inclusion. The party leader will take additional measures as necessary, and/or request additional accompanying adults, to accommodate the inclusion of the child concerned. Parents must ensure that the party leader has full information on medical needs and any relevant emergency procedures.

15. Other bodies which may be accessed or contacted in relation to the support of pupils with medical needs are:

The Local Authority

The Health Authority, through NHS Trusts

The School Health Service (usually through the School Nurse)

The child's General Practitioner

The Community Paediatrician

The Community Service Pharmacist

**Appendices**

Appendix A **Form 1** Request for school to administer Medication

**Form 2** Record of Medication Administered in School

**Form 3** Request for pupil to carry his/her medication

**Reviewed November 2014. To be reviewed every 3 years (November 2017)**

**Appendix A: Form 1**

**Request for school to administer medication**

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

**DETAILS OF PUPIL**

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_ M/F: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Form: \_\_\_\_\_

Condition/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 method: \_\_\_\_\_

Time: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Self Administration: \_\_\_\_\_

Procedure to take in an Emergency: \_\_\_\_\_

**CONTACT DETAILS**

Name: \_\_\_\_\_ Daytime telephone No: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that I must deliver the medicine personally into school and accept that this is a service which the school are not obliged to undertake. I have been advised of the full policy available on the website and understand that a hard copy is available on request from the school office.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



**Appendix A: Form 3**

**Request for pupil to carry his/her medication**

This form must be completed by parents/carer

Pupil's Name \_\_\_\_\_ Class/Form \_\_\_\_\_

Address \_\_\_\_\_

Condition or illness \_\_\_\_\_

Name of medicine \_\_\_\_\_

Prescribed by (name and telephone number of Pharmacist) \_\_\_\_\_

\_\_\_\_\_

Procedure to be taken in an emergency \_\_\_\_\_

**CONTACT INFORMATION**

Name \_\_\_\_\_

Daytime phone no \_\_\_\_\_

Relationship to child \_\_\_\_\_

I would like my son/daughter to keep his/her medication on him/her or in the school fridge for use as necessary.

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