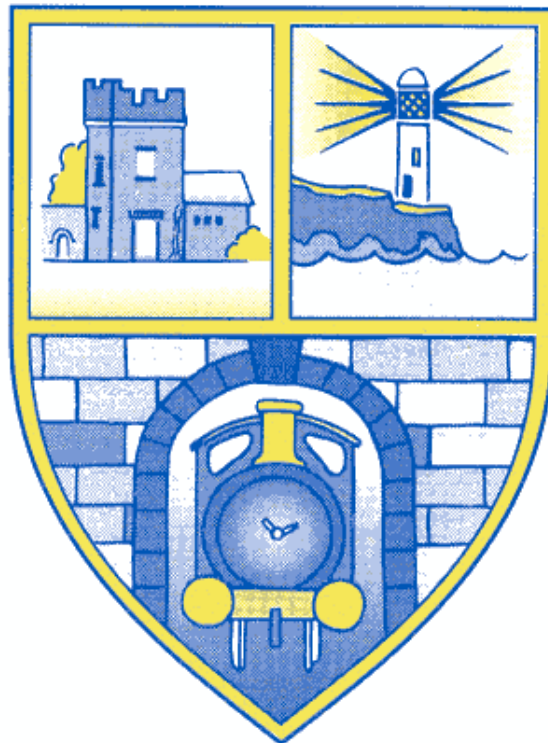


Whitehead Primary School & Nursery Unit

Valued, Inspired, Prepared



Medication Policy

Last Review	August 2025	K.Knipe
Next Review	August 2028	

Ethos, Vision & Mission

Ethos

A nurturing, inclusive environment, where everyone is valued, inspired and prepared; in order to thrive and contribute to the world.

Vision

Empowering everyone to SHINE

Mission Statements

Share

We will foster a culture of collaboration where everyone is encouraged to share ideas, time, resources and successes to build a strong, connected community.

Help

To show kindness and empathy while supporting one another, offering help when it's needed and knowing that asking for help is a strength, not a weakness.

Include

To welcome and respect everyone and, through our daily interactions, promote a sense of belonging, ensuring that every voice is heard and everyone is valued.

Nurture

To provide a happy, safe and supportive environment, where every child is nurtured emotionally, socially and academically so that they can grow into confident, resilient learners.

Excel

Through engaging high quality, meaningful learning opportunities and by setting high expectations, challenging each pupil at their level and providing constructive feedback, we will inspire every child to reach their full potential.

Rationale

The Board of Governors and staff of Whitehead Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Principal, Mr Loughins, will accept responsibility in principle for members of the school staff giving or supervising prescribed medication during the school day where those members of staff have volunteered to do so.

Please note that parents should keep their children at home if they are acutely unwell or have infections.

Aims

- To ensure that pupils with medication needs receive the appropriate care and support at school.
- In conjunction with the appropriate health professionals, provide a Medication Plan and Protocol for each pupil with long term or complex medication needs.
- To ensure that each member of staff who volunteers to assist with pupils with medication needs has had the appropriate training.
- To follow the appropriate procedure in the event of an emergency.

Roles and Responsibilities

Principal

- To ensure parents and staff are aware of the policy and monitor its effectiveness.
- To encourage parents to communicate with the school immediately upon their child requiring specific medication or any continued specific need.
- To enlist the support of parents to avoid any unintentional distress/harm to any child e.g. the danger of sending nuts into school.
- To ensure that each pupil with long term or complex medication needs has a Medication Plan and that a Protocol is drawn up, in conjunction with the appropriate health professionals.
- To ensure that staff who volunteer to assist in the administration of medication will receive appropriate training and guidance through arrangements made with the School Health Service.
- To ensure that all staff are aware of the appropriate procedures to be followed in the event of an emergency.
- To record on forms AM4 and AM5 when medicine is administered to an individual child.

Teaching Staff

- To be empathetic towards the needs of any child with specific medication and how it impacts on their welfare within the classroom.
- To ensure that the medication information is available to anyone who might teach their class, including substitute/afternoon teachers. (Stored in blue planning folder – readily available)
- To be fully aware of and familiar with the medication needs of children within their class and know where the medication is stored.
- To record on forms AM4 and AM5 when an EpiPen is administered to an individual child.

Classroom Assistants

- To be empathetic towards the needs of any child with specific medication and how it impacts their welfare, both in class and in the playground (when on duty).
- To be fully aware of and familiar with the medication needs of children with whom they work and know where the medication is stored.
- To record on forms AM4 and AM5 when an EpiPen is administered to an individual child.

Supervisory Assistants

- To be fully aware of and familiar with the medication needs of children with whom they work and know where the medication is stored.
- To be watchful of children with specific medication needs within the playground situation.
- To record on forms AM4 and AM5 when an epipen is administered to an individual child.

Children

- To know where the school keeps their medication in safe storage, to be used as needed.
- To try, in the case of children with asthma, to be able to use their inhaler independently.

Parents

- To notify school initially of specific medication needs of their child. (Form AM1)
- To supply the school with medication and full written instructions from the G.P. (Form AM2)
- To notify the school in writing if they wish their child to carry their medications with them in school. (Form AM3)
- To encourage their child to be able to use an inhaler independently.
- To be aware of renewal dates of medication and supply replacements.
- To ensure all personal details, phone numbers, contact names held by the school are kept up to date.
- To collect medicines which are in use and in date by the end of the school year.
- To dispose of medicines which are out of date or no longer required.

Practice

Practice relates to the administration of long-term medication. Short term medication, such as antibiotics, should be kept at home and taken before and after school.

1. Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication. (Form AM1)

2. Prescribed medication will not be accepted in the school without written and signed instructions from the parent. (Form AM2)

3. Each item of medication must be delivered to the Principal or Authorised Person, by the parent, **in a secure and labelled container as originally dispensed.**

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

- Pupil's name.
- Name of medication.
- Dosage.
- Frequency of administration.
- Date of dispensing.
- Storage requirements (if important).
- Expiry date.

5. Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated, all medication to be administered in school will be kept in a locked medicine cabinet.

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

6. The school will not make changes to dosages on parental instructions, unless received in writing from the G.P. It is the responsibility of the parent to inform the school in writing if the pupil's need for medication has ended.

7. It is the responsibility of the parent to renew the medication when supplies are running low and to ensure that medication is supplied within its expiry date. (Only reasonable quantities should be supplied e.g. maximum 4 weeks at any one time.)

8. Where it is appropriate to do so (in the case of inhalers), pupils will be encouraged to administer their own medications, if necessary, under staff supervision. Parents must give written consent (Form AM 3). Controlled drugs such as Ritalin are not to be self administered by pupils.

9. If a child refuses to take medicines, staff will not force them to do so and will inform the parent of the refusal, as a matter of urgency, on the same day. If the refusal to take the medicines results in an emergency, the school's emergency procedures will be followed.

10. Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.

11. The school will make every effort to continue the administration of medication to a pupil whilst on trips away from school premises, even if additional arrangements might be required. A copy of the pupil's Medical Plan will be taken on school trips. However, there may be occasions when it may not be possible to include a pupil on a school trip if

appropriate supervision cannot be guaranteed. In the event of an emergency, medication will be administered; the emergency services and the parents will be contacted.

We trust that this policy exemplifies our continued care for your child, not only educationally, but in terms of all of their needs.

MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS

Date _____
Review Date _____
Name of Pupil _____
Date of Birth _____
Class _____
National Health Number _____
Medical Diagnosis _____

Contact Information

Family contact 1

Name _____
Relationship _____
Phone No: Home/mobile _____
Work _____

Family contact 2

Name _____
Relationship _____
Phone No: Home/mobile _____
Work _____

GP

Name _____
Phone No _____

Clinic/Hospital Contact

Name _____
Phone No _____

Plan prepared by

Name _____
Designation _____
Date _____

Describe condition and give details of pupil's individual symptoms:

Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

Members of staff trained to administer medication for this child (state if different for off-site activities)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of _____ (Child's Name)

Signed (Parent/carer)

Date

Distribution

School Doctor

School Nurse

Parent

Other

REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION

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

Details of Pupil

Surname _____
Forename(s) _____
Address _____

Date of Birth ____ / ____ / ____
Male / Female _____
Class _____
Condition or illness _____

Medication

Parents must ensure that in date properly labelled medication is supplied.

Name of Medication _____
Date dispensed _____
Expiry Date _____

Full Directions for use

Dosage and method _____

Timing _____
Special Precautions _____

Possible Side Effects _____

NB Dosage can only be changed on a Doctor's instructions

Self-Administration Yes/No (*delete as appropriate*)

Procedures to take in an Emergency

REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION (This form must be completed by parents/carers)

Details of Pupil

Surname _____
Forename(s) _____
Address _____

Date of Birth ____ / ____ / ____
Male / Female _____
Class _____
Condition or illness _____

Parents must ensure that in date properly labelled medication is supplied.

Name of Medicine _____
Emergency Procedures _____

Contact Details

Name _____
Relationship to Pupil _____
Phone No home/mobile _____
Work _____
Address _____

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

Signed (Parent/Carer) _____
Date _____

Agreement of Principal

I agree that _____ (name of child) will be allowed to carry and self-administer medication until _____ (either end date of course of medication or until instructed by parents).

Signed (The Principal) _____
Date _____

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to the named pupil carrying his/her own medication.