

Sandwell Community School

POLICY FOR THE ADMINISTRATION OF MEDICATION

The Management Committee and staff of Sandwell Community School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Head of Campus will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have volunteered to do so.**

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

Parents are responsible for providing the Head of Campus with comprehensive information regarding the pupil's condition and medication.

Prescribed medication will not be accepted in the campus without complete written and signed instructions from the parent (Med6 in Appendices). The campus will confirm details for administering using form Med 7.

Staff will not give a non-prescribed medicine to a pupil unless there is specific prior written permission from the parents/carers

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

Each item of medication must be delivered to the Head of Campus in normal circumstances by the parent, **in a secure and labelled container as originally dispensed**. 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.

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

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 container.

The campus will keep records, which they will have available for parents.

If pupils refuse to take medicines, 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, such an emergency will be taken on its merit and acted on accordingly.

It is the responsibility of parents/carers to notify the campus 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 campus will not make changes to dosages on parental instructions.

Campus 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/ carer for transfer to a community pharmacist for safe disposal.

For each pupil with long-term or complex medication needs, the Head of Campus will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals (see form Med 2).

Where it is appropriate to do so, pupils 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 child to carry their medication with them in the campus.

The campus will make every effort to continue the administration of medication to a pupil whilst on trips away from the campus premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a trip if appropriate supervision cannot be guaranteed. Form Med 11b will be used in this situation.

All staff will be made aware of the procedures to be followed in the event of an emergency (See Med 12 - Record of Medical Training for staff).

The policy is to be read in conjunction with Sandwell LA Guidance for Management of Children's with Medical Needs written March 2009, reviewed March 2010.

<p style="text-align: center;">INDEMNITY FORM FOR THE ADMINISTRATION OF MEDICATION IN THE CAMPUS</p>

You have agreed that you will, if called upon to do so, be prepared to administer medication to pupils in school in accordance with the guidance set out in the Council's policy document "Management of Children with Medical Needs in School" and in accordance with any relevant policy of the campus

In consideration of your said agreement, and on the terms which follow, the Council agrees that it will indemnify you against any liability for damages or other compensation arising out of or connected with the administration of medication, including liability for omissions or for another person's legal costs, and any sums paid on account of alleged such liabilities. The council will further indemnify you against any costs and expenses reasonable incurred by you in connection with any claim for damages or other compensation that may be made against you.

The Council's obligation to indemnify you in respect of any claim is conditional upon:-

- (a) Your notifying the Council (NOTE – identify who should be notified) as soon as you are aware that any claim against you has been made or is being considered.
- (b) Your co-operating and continuing to co-operate fully with the Council and/or its insurers in dealing with any such claim, whether or not you remain in the employment of the Council: and
- (c) Your not having made any admissions of liability or any payments on account of any alleged liability without first receiving the written agreement of the Council or its insurers.

Where you claim the benefit of this indemnity, the council or its insurers may at their own expense conduct or take over the conduct of any litigation against you (whether actual or contemplated), and shall have full authority to instruct solicitors and to settle or otherwise deal with such litigation as they think fit. The Council shall have the benefit of any rights of contribution or indemnity against third parties to which you may be entitled. Without prejudice to the general obligation of cooperation, you agree to sign any consents, authorities or assignments that the Council or its insurers may reasonably require.

For the avoidance of doubt, this indemnity extends to any liability for negligent acts and omissions on your part.

It does not extend to any case in which you may be adjudged deliberately to have harmed any person, and in any event of any such finding by a competent court, the council or its insurers may recover from you any sums already expended by them pursuant to this indemnity.

This indemnity applies to the administration of medication at the campus, and also in the course of campus trips and other official campus activities which may take place off campus premises or out of campus hours.

Signed: _____

Post held: _____

Date: _____

Head of Campus:

Campus: _____

Health Care Plan for a Pupil with Medical Needs

Med 2

Name:

Date of Birth:

Current Year/Tutor Group:

Medical Condition(s):

Contact Information

Family Contact 1

Name: _____ Telephone: _____

Home: _____ Telephone: _____

Work: _____ Relationship: _____

Family Contact 2

Name: _____ Telephone: _____

Home: _____ Telephone: _____

Work: _____ Relationship: _____

GP

Name: _____ Telephone: _____

Hospital Clinic Contact

Name: _____

Telephone:

Health Care Plan for a Pupil with Medical Needs Cont...

Med 2

Details of medical symptoms: (including any regular medications)

Regular requirements: (eg PE lunchtimes)

What constitutes an emergency, and what action should be taken:

Care Plan completed by:

Name:

Designation:

Date due for review:

Copies of plan to

- School
- Family
- School Nurse
- School Doctor (optional)

Information collected will be regarded as confidential and will only be shared within the limits of the Data Protection notification between services

Request for the Campus to Administer Medication

Med 6

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

Details of pupil

Surname: _____

Forename(s): _____

Date of birth: _____ Male/Female:

Address: _____

_____ Post Code: _____

Year / Class: _____

Condition / Illness:

Medication

Name/Type of medication (as described on the container):

For how long will your child take this medication?

Date dispensed:

Dosage and method of administration:

Time(s) to be given:

Special precautions (if any):

Known side effects:

Self administration (Yes/No):

Procedures to take in an emergency:

Request for the Campus to Administer Medication Cont...

Med 6

Contact Information

Family Contact 1

Name: _____ Telephone: _____

Home: _____ Telephone: _____

Work: _____ Relationship: _____

Family Contact 2

Name: _____ Telephone: _____

Home: _____ Telephone: _____

Work: _____ Relationship: _____

Parental/Carer Agreement

I understand that I must deliver the medicine personally to and accept that this is a service which the school is not obliged to undertake.

Signature: _____ Date: _____

Name (print): _____ Relationship to pupil: _____

Information collected will be regarded as confidential and will only be shared within the limits of the Data Protection notification between services

Confirmation of agreement for the Campus to Administer Medication

Med 7

I agree that (name of pupil): _____ will receive
(quantity

and name of medicine):

every day at (time(s) medicine to be administered):

(Name of pupil):

will be given/supervised while he/she takes their medicine by (named member of staff): _____

This arrangement will continue until (either the end date of the course of medicine or until instructed by parents)

Authorised School Signature:

Position:

Name (print): _____ Date:

Signature of Parent/Carer: _____ Relationship to child:

Name (print): _____ Date:

A copy of this form should also be given to the parent.

Pupil Medicine Record

Med 8

Name:

Date of Birth: _____ Medicine and Dosage:

Name of Administrator/Supervisor:

Method of administration:

Self administered: _____ Yes/No:

Date	Time	Dosage	Administered by	Witnessed by	Pupil (if appropriate)

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These are the recommended headings and formats to be used. Campus may wish to consider a file or bound book system for their records.

**Parental/ Carer Consent Form (Med 11 B) Non-Residential Off-Site
Parental/Guardian Consent Form Cont...**

Med 11B

(Use for non-residential off-site visits)

To be accompanied by an information sheet giving full details of the visit/activity.

School: _____ Visit: _____

Date/s and Times: _____

**** Delete (a) or (b) below:**

** (a) I consent to _____ participating in all the activities listed on the information sheet.

** (b) I consent to _____ participating in the activities listed on the information sheet with the exception of _____
_____ (list any activities in which you do not want your child to take part).

Medical information about your son/daughter

Child's Medical Card Number: _____

Does your child suffer from any condition requiring regular treatment?

YES

If YES, please give details: _____

If you have answered YES do you give your permission for the staff to administer the medication should this be necessary? _____

Please outline any dietary needs: _____

Is your son/daughter allergic or sensitive to any medication?

YES NO

If YES, please give details: _____

I will inform the Group Leader/Head of Campus as soon as possible of any changes in the medical or other circumstances between now and the commencement of the activity/visit.

Pupil's Name: _____

Emergency Contact Details

I may be contacted by telephoning one of the following numbers:

Home: _____ Work: _____

Home Address: _____

**Parental Consent Form (Med 11 B) Non-Residential Off-Site Parental/Carer
Consent Form Cont...**

Med 11B

Alternative emergency contact:

Name: _____

Relationship: _____ Telephone: _____

Address: _____

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the insurance cover provided. I agree to an alternative travel document being issued. I have read the information sheet which accompanied this form and understand that I am agreeing to its contents with the exception of any activities I have listed overleaf.

Signed: _____ Parent/ Carer Date: _____

Full name (capitals): _____

**The Group Leader must take a copy of this form on the visit/activity
and the school emergency contact must retain a copy**

Record of Medical Training For Staff

Med 12

Name: _____

Type of training received: _____

Date training completed: _____

Training provided by: _____

I confirm that has received the training detailed above and is competent to carry out the above procedure / treatment with: (give name of child or group): _____

Trainer's signature: _____ Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____ Date: _____

Review Date: _____

Ratification:

Signed:

G Angell

Executive Head:

Date:

Signed:

D Irish:

Chair of Management Committee:

Date:

Implementation:2013 -14

Review Date: