Title	**Medicine in School**
Associated Policies	• Safeguarding and Child Protection • Health and Safety Policy • First Aid

Reviewed: **Next Review:**

1.1 Newton Road School wishes to ensure that students with medical needs receive proper care and support whilst on site or when in school related activities.

2 Who does this policy apply to?

2.1 This policy applies to all students, staff and parents.

3 Who is responsible for carrying out this policy?

3.1 The implementation of this policy will be monitored by the governors of the school and remain under constant review by Newton Road School in association with the school's Health and Safety Officer.

3.2 The day-to-day administration of this policy is the responsibility of recognised First Aiders and nurses at the school.

4 What are the principles behind this policy?

4.1 Newton Road School recognises the need to support students who may have short-term or long-term medical needs.

4.2 Students who are acutely unwell or contagious should be kept at home due to the health and safety risk they may pose to other students, but students with minor ailments or some physical injuries may be well enough to attend the school.

5 Procedure

5.1 Any parent requesting the school take responsibility for administration of medicines must have a copy of this policy.

5.2 Medication will only be accepted in the school if it has been prescribed by a doctor and must be provided in the original container.

5.3 Medicines will only be administered by the school with the written consent of the parent in the form set out at Annex A. If the student is to keep the medicine on them and administer the medicine themselves then their parent must complete the form set out at Annex B.

6 Policy Review

6.1 This policy will be monitored as part of the school's annual internal review and reviewed on a three year cycle or as required by legislature changes.

ANNEX A

Newton Road School

Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to and complete a new parental agreement form.	[agreed member of staff]

I accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

I understand that the Academy will keep record of any medicines administered to my child.

Signature(s):_____ Date: _____

School staff signature
for receipt and checking : _____ Date: _____

Other staff signature who
administer medication: _____ Date: _____

ANNEX B

Parental Agreement for Student to carry and self-administer his/her own medicine

This form must be completed by parents/guardian

If staff have any concerns discuss this request with healthcare professionals

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary

Signed: _____

Date: _____