

The Board of Governors and staff of Alverton School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Headteacher 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 the following points:

1. Parents are responsible for providing the school with comprehensive information regarding the pupil's condition and medication.
2. Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.
3. Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.
4. Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).
5. 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.
6. Each item of medication must be delivered to the school office, 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 school will not accept items of medication in unlabelled containers.

7. 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.
8. The school will keep records, which they will have available for parents.
9. If children refuse to take medicines, staff will not force them to do so, and will inform the parents 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.
10. It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.
11. It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
12. The school will not make changes to dosages on parental instructions.
13. School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent 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.
14. For each pupil with longterm or complex medication needs, the Headteacher, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.
15. Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.



Alverton Primary School



Meeting Your Child's Medical Needs Parent Guide

Number 21

PLEASE COMPLETE & RETURN EVEN IF YOUR CHILD DOES NOT HAVE A MEDICAL CONDITION, ALLERGY, ETC. SO THAT WE CAN UPDATE OUR RECORDS. THANK YOU.

CONFIDENTIAL**PUPIL DETAILS**

Your Child's Name

Date of Birth

PARENT/CARER CONTACT DETAILS

Your Name

Address

Telephone

Mobile

email

Name of Family GP
& Surgery**OTHER EMERGENCY CONTACT DETAILS (1)**

Name

Relationship

Telephone

Mobile

OTHER EMERGENCY CONTACT DETAILS (2)

Name

Relationship

Telephone

Mobile

YOUR CHILD'S MEDICAL CONDITIONCondition/Allergy/
Dietary NeedPlease describe the
condition and give details
of pupil's individual
symptoms
to be aware of...

Daily Care Requirements

Emergency symptoms
and actions**REQUEST FOR MEDICATION TO BE USED IN SCHOOL**

Name/Type of Medication

How long will your child
need to take this for

Dosage, Method & Timing

Dates

From

to

Special Precautions

Possible Side Effects

Self Administration or
Staff member responsible

I understand that I must deliver the medicine personally to the School Office

PARENT'S NAME

SIGN DATE

HEADTEACHER'S APPROVAL FOR MEDICATION