

**Holy Trinity Roman Catholic Academy Boundary Road
Newark NG24 4AU**



MEDICINES POLICY

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Document Title: MEDICINES POLICY

Date of review: November 2023

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Holy Trinity Catholic Voluntary Academy

Mission Statement



“In every child there is a space only God can fill”

St Thomas Aquinas

At our school we continually strive to develop the full potential of the school community in an environment permeated by the Catholic Faith and promoting Gospel values.

At the heart of our mission is the family, school and parish, each supporting and working in mutual co-operation for the benefit of the children.

We are seeking to enrich the lives entrusted to our care through a broad and balanced curriculum designed to meet the needs of each pupil.

The school provides opportunities for young children to develop spiritually, morally, intellectually, physically and emotionally, and share their qualities, abilities and ambitions thus fulfilling individual potential.

As a worshipping community we respect all people and create a loving, caring atmosphere which overflows into an ethos of warmth and welcome towards parents, parish and the local community



HOLY TRINITY CATHOLIC ACADEMY

MEDICINES POLICY

Teachers and other staff have a duty of care to act as any responsible prudent parent would to make sure that pupils are healthy and safe on and off school premises but **do not** have a legal or contractual duty to administer medicine. However, in particular circumstances, staff may be willing to administer medicine on a voluntary basis.

Staff should be particularly wary about agreeing to administer medicines where:

- The timing of its administration is crucial to the health of the child; or
- Some technical or medical knowledge is required; or
- Intimate contact with a pupil is necessary

Staff who do agree to administer medicines should not agree to do so without first receiving appropriate information and training.

The Governors will fully support any member of staff who does not wish to administer medicines or who feel they are being unfairly pressurised to do so.

The Governors recognise that it is desirable for children with long term recurring health problems, such as asthma, epilepsy, diabetes and eczema, to be accommodated within school in order that they can continue their education. For this to be done, however, proper and clearly understood arrangements for the administration of medicines must be made.

Parents are responsible for their child's medication. Parents have a responsibility to inform school when their child requires medication and, where necessary, take personal responsibility for any action which is beyond that which can reasonably be expected of any school and its staff.

Schools would not normally be expected to supervise routinely the treatment of all children who receive medication three times a day (e.g. antibiotics or even anti-convulsant drugs) as the medication could be taken before and after school and at bedtime.

When a child on any medication requires this in school hours, it is the parent's responsibility to request in writing the co-operation of the school in administering the medication. No medication can be administered from verbal instructions. This letter must state name of child, name of medication, dosage and time it is to be given. Parents will be asked to complete a Medication Consent Form; this must be returned next day, without which medication cannot continue to be administered. This will be renewed every school year.

The governing body will decide whether the school can assist pupils who need medication. This responsibility may be delegated to the Head teacher or their representative. As far as practicable, such decisions will encourage regular school attendance and participation in school life.

Parents should send the medication in its original container, complete with information leaflet,

fully labelled with the child's name and the dosage/time to be given, to the Head teacher or designated member of staff. It should be in a sealed envelope. The quantity of medication supplied should not be excessive. School cannot undertake to administer any non- prescription medications such as Paracetamol unless there is a completed consent form in place already. No medication can be given with verbal permission only.

All medicines will be kept in a locked cupboard. The consent forms will be stored with the medicines and will be kept on file for a period of 3 years.

Medicine expiration dates will be checked termly. All medication will be returned home, in a sealed envelope, at end of school year, or before if expiry date is reached.

School policy encourages older children to administer their own medication when appropriate, particularly for those pupils who have a long term medical condition, although this will still be under supervision.

Related Documents:

Policy: First Aid



Consent to supervise the taking of medicine

NAME OF CHILD
DATE OF BIRTH
PARENT/S NAME
TELEPHONE NUMBER WHERE SCHOOL CAN CONTACT YOU URGENTLY
HEALTH ISSUE:
Name of medicine
Prescribed dose:
Frequency of dose:
How to be taken:
NAME OF DOCTOR:
DOCTOR'S SURGERY ADDRESS:
DOCTOR'S TELEPHONE NUMBER:
Signature of named persons supervising the taking of medicine:

Name And Position In School

Head Teacher authorisation
I confirm that I give my consent for a named member of staff to supervise the taking of medicine as described on this form to the above named child. I fully understand that the member of staff will do this on a purely voluntary basis and is not medically trained.
Signed: _____
Parent/Guardian
Please print name: _____
Date: _____

Notes to Parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child.
2. There is no legal duty on non-medical staff to supervise a child taking medication. This is purely a voluntary role.
3. All medicine is stored in a lockable area out of the reach of pupils, or in the refrigerator in the school's Staff Room.
4. The medicine must be in its original container and labelled with the child's name and frequency of dosage.
5. It is the responsibility of the parent/guardian to ensure that all medicine kept in school is replaced **before** the expiry date.
6. It is the responsibility of the parent/guardian to ensure that the school has sufficient dosage of the required medication and that this is replenished in good time where required.

NAME OF CHILD _____

NAMED PERSON supervising _____

See Consent Form for details of medication

Date	Signature	Date	Signature

Permission to Carry Own Medication Form

Student Details

Student Name	
Address	
Date of Birth	Tutor Group

Medication Details

Description of illness
Name of Medication
Instructions (inc dosage, timings, method, finish date)
Any special precautions required?
Any possible side effects
Procedures to take in an emergency

Contact Details

Name	Relationship to Student
Phone Number	Mobile Number
Prescribing GP Contact Name & Address	

Consent Details

I give my consent for the above student to carry and administer his/her own medicines as described above.

Signature (parent/carer)	Signature (Headteacher)
Date	Date
