



Arco Academy Alternative Provision Administration of Medication Policy

A C A D E M Y

Background / Purpose

There is explicit guidance in relation to the administration of medication in educational settings which has been developed in collaboration with Health Services. The purpose of this policy is to draw together necessary medication procedures relating to the Alternative Provision (AP).

Policy objectives

To ensure adherence to guidance on the administration of medication provided by the various agencies.

Procedures and practices

Borough guidance on administration of medication in schools provides the basis for the following procedures:

- 1 Parents and carers are responsible for supplying the Centre with all necessary information regarding their child's condition and medication. This should be provided in conjunction with the GP or other medical professional as appropriate. This information should be recorded on a standard form which records the request of the parent to the administration of medication which should be updated regularly – **Appendix 1**. A signed copy of this form should be kept in an accessible place near to the medicine, a copy on the pupil's file and a copy given to parents.
- 2 There is an additional form to be completed by parents where pupils require several medications – **Appendix 2**. Parents should also sign this form to confirm that the combined medications have been administered to the pupils without any adverse effect and that approval has been obtained for their combined administration from a medical practitioner.
- 3 If the Head of Centre agrees s/he will confirm in writing to the parent that a named member of staff (authorised by the Head of Centre) will administer medicine to the pupil. The named member of staff will also confirm in writing that they will supervise the pupil whilst they take their medication – **Appendix 3**
- 4 Medication can only be administered to pupils where parents **provide** such medication to the Centre and parents must specifically **request in writing** that the Centre staff administer it.
- 5 All items of medication should be delivered to a named member of the Centre staff by parents, carers or escorts employed by the authority. The name of that member of staff must be recorded on **Appendix 1**
- 6 Where a parent of a child under 16 requests that the pupil carries, and administers his/her medication they should complete **Appendix 4**. The Head of

Centre will decide whether to grant this request taking into account the pupil's age, understanding, the nature of the medication and the safety of other pupils. If s/he decides to approve this arrangement **Appendix 3** must be completed and returned to the parent(s).

- 7 In all other cases parents should be notified in writing that all medication should be delivered to the centre directly into the keeping of either the Head of Centre or authorised person in a secure and labelled container as originally dispensed.



- 8 Each container should be clearly labelled with the following:
 - Name of medication
 - Pupil's name
 - Pupil's date of birth
 - Dosage
 - Dosage frequency
 - Date of dispensing
 - Storage requirements (if applicable)
- 9 Parents should be asked to make it clear whether medication needs to be kept in the centre or should be collected at the end of the day.
- 10 Unless otherwise indicated, all medication to be administered will be kept in a locked medicine cabinet (*the centre will need to identify here where the cabinet is located, who will have access to it etc.*). Advice on storing medication is contained in paragraphs 65-69 of the Good Practice Guide "Supporting Pupils with Medical Needs" which schools are advised to consider in drawing up their own school policy and procedures.

Roles and responsibilities

The Head of Centre will ensure that:

- They accept responsibility for members of centre staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so.
- The above procedures are adhered to and that records are maintained including central record of all pupils who have received medication (**Appendix 5**).
- Staff undertake relevant training if they are involved in the administration of medication. Those details to be included on **Appendix 6**.
- There is clear information available to parent(s)/carer(s) on their responsibility, and that of the staff in the centre, to the administration of medication.
- Any issues arising from the implementation of this policy are brought to the attention of the AP Management Committee.

The AP Management Committee will ensure that:

- The Heads of Centre are supported in the implementation of this policy.
- Any necessary revisions to the policy are undertaken.

Documentation

Appendix 1	Request Form and Instructions
Appendix 2	Additional Form where several medications are required
Appendix 3	Confirmation to parents of Head of Centres agreement
Appendix 4	Request for pupil to carry and administer own medication
Appendix 5	Record of Medication Given
Appendix 6	Staff Training Record

**SUPPORTING CHILDREN WITH MEDICAL NEEDS IN ARCO ACADEMY
ALTERNATIVE PROVISION
The Administration of Medicines at Centre**

Request form for parents/carers to complete if they wish the AP to administer medication.

The AP will not give your child any medication unless you complete and sign this request form and the Head of Centre has confirmed that AP staff have agreed to administer the medication and, where necessary have received appropriate training.

DETAILS OF PUPIL

Surname	
Forename(s)	
Address	M/F
	DATE OF BIRTH
	CLASS
Condition or Illness	
Medication	
Name/type of medication (as described on container)	
For how long will your child take this medication?	
Date dispensed	
Full directions for use	
Dosage and amount (as per instructions on container)	
Method	
Timing	
Special storage instructions (explain if medicine should remain in AP or return home daily)	
Special precautions	
Side effects	
Self administration	
Action to be taken if pupil refuses to take the medication	

Procedures to take in an emergency

CONTACT DETAILS

Name

Daytime Telephone No

Relationship to Pupil

Address

I understand that I must deliver the medication personally to (agreed member of staff) and I request that authorised staff administer the above medication to my child. I accept that this is a service which the AP is not obliged to undertake.

I consent to medical information concerning my child's health to be shared with other AP staff and/or health professionals to the extent necessary to safeguard his/her health and welfare.

I confirm that the medication has been prescribed by a doctor/consultant and that this information has been provided in consultation with my child's doctor/consultant.

Signature		Date
FULL NAME OF PARENT/CARER (IN CAPITALS)		
Signature		Date
FULL NAME OF PARENT/CARER (IN CAPITALS)		

Each item of medication must be delivered in its original container and must be clearly labelled with the following information: pupil's name, name of medication, dosage, frequency of dosage, date of dispensing, storage requirements (if necessary) and expiry date.

**SUPPORTING CHILDREN WITH MEDICAL NEEDS IN ARCO ACADEMY AP
The Administration of Medicines**

For parents/carers to complete for pupils who require several medications

Pupil's name:

Pupil's date of Birth:

I confirm that the combined medications listed below have been administered to my child without any adverse effect and that approval has been obtained from a medical practitioner for their combined administration.

SignedDated.....

Relationship to child.....

Date Information Supplied	Name of Medication	Type	Dose	When Given	Method of Administration	Start Date (as applicable)	End Date (as applicable)	Special Precautions	Side Effects	Emergency Procedures

Please add any other relevant information below (continue overleaf if necessary)

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**CONFIRMATION OF THE HEAD OF CENTRE'S AGREEMENT TO REQUEST TO
ADMINISTER MEDICATION**

(Example letter for the AP to complete and send to parent/carer if they agree to their request to administer medication to a named child).

Dear *(name of parent/carer)*

I agree that *(name of child)* will receive *(quantity and name of medication)* every day at *(time medication to be administered e.g. lunchtime or afternoon break)* as you have requested

(Name of child) will be supervised whilst he/she takes their medication by *(name of member of staff)*. This arrangement will continue until *(either end of course of medication or until instructed by parents)*.

Each item of medication must be clearly labelled by the parent with the following information:

- Pupil's name
- Date of Birth
- Address
- Name of Medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements (if necessary)
- Expiry date

The AP will not accept medication which is in unlabelled containers.

You have already supplied to us the information in the attached form giving details of your child's medication.

Where your child requires several medications you have confirmed that the combined medication has been administered to your child without any adverse effect and that approval has been obtained from a medical practitioner for their combined administration.

Can I remind you that it is your responsibility to ensure the AP is informed in writing of any changes in your child's medication. The AP should also be informed of any other circumstances that may affect the administration of medicine or your child's reaction to that medicine.

Signed:
(Head of Centre)

I confirm that I will supervise (_____) whilst he/she takes their medication.

Signed:
(Name of member of staff)







APPENDIX 4

SUPPORTING CHILDREN WITH MEDICAL NEEDS IN ARCO
ACADEMY CENTRAL AP
The Administration of Medicines

REQUEST FOR PUPIL TO CARRY AND ADMINISTER OWN MEDICATION

This form must be completed by parents/carers.

Pupil's Name: Class/Form:

Address:

..... Date of Birth.....

Condition or Illness:

Name of medication:

Procedures to be taken in an emergency:

CONTACT INFORMATION

Name:

Daytime Telephone No:

Relationship to child:

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

I confirm that s/he may administer his/her own medicine or

I confirm that s/he may administer his/her own medicine but will require supervision

Signed: Date:



Full Name (in capitals)

Relationship to child:







**SUPPORTING CHILDREN WITH MEDICAL NEEDS IN ARCO
ACADEMY CENTRAL AP
The Administration of Medicines**

STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINE

Form for recording training for staff

Name:

Type of training received and medication covered:

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Date training completed:

Training provided by:

I confirm that has received the training detailed above and is competent to carry out any necessary administration of medication.

Trainer's signature: Date:

Suggested Review Date:

I confirm that I have received the training detailed above

Staff signature: Date:

Head of Centre Signature: Date: