YARDLEY WOOD COMMUNITY PRIMARY SCHOOL

Meeting Medical Needs Policy

Summer 2025
To be reviewed Summer 2028

Yardley Wood Community Primary School

Meeting Medical Needs Policy

CONTENTS

1. Introduction	Page 3
2. Aims	Page 3
3. Procedures	
3.1 On Admission	Page 3
3.2 Emergency Medication	Page 4
3.3 Administration of Prescribed Medication	Page 4
3.4 Storage and Disposal of Medication	Page 5
3.5 Offsite Activities and Residential Visits	Page 6
4. Children with Special Medical Needs	Page 6
Appendix 1: School Medication Consent Form	Page 7
Appendix 2: School Record of Medication Form	Page 8
Appendix 3: Residential Visit Medical and Consent Form	Page 9

Meeting Medical Needs Policy

1. INTRODUCTION

1.1 Parents have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend school. Parents should provide all necessary information about any medical needs of their child to the school.

1.2 Yardley Wood Community Primary School will fulfil their local and national responsibilities as laid out in:
- 'Supporting pupils at school with medical conditions. DfE. December 2015
- 'Guidance on Managing Medication in Birmingham Schools.' 2010.

1.3 This policy may be superseded by a child's EHC Plan or Individual Care Plan or may be used in conjunction with them.

2. AIMS

2.1 To outline the procedures for managing medicines in school in order for all children at Yardley Wood Community Primary School to receive proper care and support in school.

2.2 To encourage and support inclusive practice and ensure regular attendance at school by all pupils.

3. PROCEDURES

3.1 <u>On Admission</u>

3.1.1 All parents/carers will be asked to complete a medical form prior to the child starting school. This form requests doctor's details, child's medical conditions, allergies, dietary requirements and any other medical information that may affect the child's care.

3.1.2 The medical form is then sent by school to parents/carers annually for updating.

3.2 <u>Emergency Medication</u>

3.2.1 Specific specialised training is regularly delivered to all staff who agree to administer emergency medication. Emergency medication includes

asthma reliever inhalers, emergency treatment for allergies i.e. Epipen, emergency treatment for epilepsy, emergency treatment for diabetes.

3.2.2 All emergency medication is stored safely but is readily accessible at all times. Whenever possible children are responsible for their own inhalers, but when this is not possible the inhaler is placed in an easily accessible place for the child.

3.2.3 Yardley Wood Community Primary School has an emergency inhaler for use by pupils with asthma should they for any reason not have an inhaler available. Parents/carers are asked to grant signed permission for this to be used in those exceptional circumstances.

3.2.4 The Medical Needs Co-Ordinator (Miss Ford) will keep records of expiry dates of emergency medication and Teaching Assistants will check that medication has not reached its expiration date. Medication which is no longer required or has expired will be disposed of in accordance with the school policy (see section 3.4)

3.2.5 In the event of a child refusing emergency medication parents/carers will be contacted immediately by telephone. Emergency services will be contacted immediately also and a member of school staff will accompany the child to hospital to allow parents time to arrive.

3.3 Administration of Prescribed Medication

3.3.1 Yardley Wood Community Primary School would ask parents/carers to request that their doctor, wherever possible prescribe medication which can be taken outside of the school day. As a school we recognise that this is not always possible and will when necessary administer prescribed medication. Non-prescribed medication cannot be administered by school staff.

3.3.2 Should a pupil need to receive medication during the school day, parents/carers will be asked to complete a ‘School Medication Consent Record’ (Appendix 1) and provide medication to office staff for safe storage and administration.

3.3.3 A record of the administration of each dose will be kept using ‘School Record of Medication Form,’ (Appendix 2) which will be signed by the member of staff who administered the medication.

3.3.4 Medication provided to school should be in the original container as dispensed, clearly labelled with the instructions for administration including:

- The child’s name
- Name of medication
- Strength of medication

- Dosage instructions
- Time to be administered
- Date dispensed and/or expiry date (If no date given, the medication should be replaced 6 months after date dispensed.)
- Length of treatment
- Any other instructions

3.3.5 Reasons for non-administration of regular medication will be recorded and the parent/carer will be informed that day. Pupils are never forced to accept a medication. If medication is refused, parents will be notified by telephone. 'Wasted doses' (i.e. tablet dropped on floor) will be recorded also.

3.3.6 If medication needs to be replenished this should be done in person by the parent/carer.

3.3.7 Should the medicine need to be changed or discontinued before the completion of the course or if the dosage changes the school should be notified in writing by the parent/carer. A new supply of medication – correctly labelled with the new dose – should be obtained and a new consent form completed.

3.3.8 Parents are welcome to come into school to administer medicines themselves that the school are unable to administer.

3.4 Storage and Disposal of Medications

3.4.1 All medication with the exception of emergency medication and medication requiring refrigeration will be kept securely in the School Office.

3.4.2 Inhalers and Epipens will be kept in a medical box in the child's classroom.

3.4.3 Children prescribed with an Epipen will need to have two pens in school; one to be kept with them / in the classroom and the other to be kept as a back-up in the School Office.

3.4.4 Medication requiring refrigeration will be stored in a fridge not accessible by children in a plastic container clearly labelled 'Medication.'

3.4.5 Emergency medication will be stored out of reach of children, in the same room as the child and easily accessible to staff. All members of staff working in school are aware of the location of emergency medications.

3.4.6 School will ask that medication that is no longer required or has expired to be collected by parents/carers. Any medication that is not collected

by parents/carers will be disposed of safely at a local community pharmacy.

3.5 Offsite Activities and Residential Visits

3.5.1 The named leader of any offsite activity will ensure that all children have any medication (emergency or prescribed) that they may need. The medication will be carried by a named member of staff. Record forms will also be taken to ensure usual administration procedures are followed.

3.5.2 For residential visits parents/carers are required to complete a Residential Visit Medical and Consent form (Appendix 3) for all forms of medication. This includes over the counter medication i.e. travel sickness medicines.

4. CHILDREN WITH SPECIAL MEDICAL NEEDS

4.1 If a child is admitted to school with specific medical needs, Yardley Wood Community Primary School will in partnership with parents/carers, School Nurse and our Medical Advisor discuss individual needs and address any training needs for staff.

Summer 2025
To be reviewed Summer 2028

Approved by the Governing Board:

Signed ……. Chair of Safeguarding Committee

Date: …….

APPENDIX 1 – School Medication Consent Form

SCHOOL MEDICATION CONSENT FORM

Child's Name: ……
Date of Birth: ……
Class/Teacher: ……

Name and strength of Medication: ……
How much to give (i.e. dose to be given) ……
When to be given: ……
Any other instructions: ……..
Number of tablets / quantity given to school: ……

N.B. MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE.

Telephone number of parent/carer: ……
Name of G.P: ……
G.P's telephone number: ……

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medication in accordance with school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication of if the medication is stopped.

Parents/Carer Signature: …… Date: ……
Print Name: ……

If more than one medication is to be given a separate form should be completed for each

APPENDIX 2 – School Record of Medication Form

SCHOOL RECORD OF MEDICATION FORM

Name of Child: …….

Date of Birth: …… Class: ……...

Name and strength of medication: ……

……

Dose and frequency of medication: ……..

……

Date		
Quantity Received		
Quantity returned		
Quantity disposed		
Staff Signature		
Print Name		

Date										
Time Given										
Dose Given										
Staff Signature										
Print Name										
Witness Signature										
Witness Name										

APPENDIX 3 – Residential Visit Medical and Consent Form

RESIDENTIAL VISITS - MEDICAL AND CONSENT FORM

This form must be completed and returned to school, before any pupil may be allowed to participate.

Parent/Carer Consent

Child's First name		Child's Family name:	
Child's Date of Birth			

Trip / Visit to			
Date(s) From		To	

I agree to my child taking part in the above detailed residential trip.	Parent /Carer signature

Pupil Details

Home address			
Contact telephone numbers (for the duration of the visit / trip)			
Name		Home	
Mobile		Work	

Name of alternative contact		Relationship to young person:	
Address			
Name		Home	
Mobile		Work	

Medical Information

Name of doctor		Tel no	
Address of surgery			

Please mark with ✓ if appropriate :

My child does not suffer from any medical condition requiring regular treatment.	

My child suffers from			
and has been prescribed the following medication	**Name of medication**	**Dose**	**Frequency / method of administration**

My child also uses the following over-the-counter medication	**Name of medication**	**Dose**	**Frequency / method of administration**

NB: because the pupil is on a residential visit, please include information relevant to night-time needs

My child has an allergy to the following:	**Allergic to**	**Type of reaction / Treatment**

Please delete as appropriate

I would like to discuss my child's medical condition with the leader in charge.	YES NO
My child has an up to date tetanus injection.	YES NO
I am aware that any over-the counter medications (i.e. paracetamol / throat lozenges) that my child uses regularly in my care need to be provided to the leader in charge and labelled with the pupil's name and advice for use recorded.	YES NO
I give consent for the first aider on the trip to provide emergency first aid (which may include use of plasters, dressings and antiseptic wipes) if necessary	YES NO

My child is able to swim 50m unaided	YES NO
My child is water confident but unable to swim 50m unaided	YES NO
My child is not confident in water	YES NO

Does the pupil have any special dietary requirements e.g. vegetarian, halal, kosher, allergies (please give details)	YES NO

Please include any additional information as required

Declaration by Parent/Guardian

I have read and completed this form and to the best of my knowledge the details given are true and accurate.

I agree to my child 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 will inform the leader in charge as soon as possible of any changes in the medical or other details between now and the commencement of the trip.

Parent/Carer Signature		Date	
Print Name			