# http://www.vrcps.school.cheshire.org.uk/images/logo3.gifSigned ………………………………

 Signed ……………………………..

 Mrs Cathy Lord Head 29th May 2020

 **MEDICINES IN SCHOOL POLICY**

 **FOR VICTORIA ROAD PRIMARY SCHOOL**

**This policy was agreed by all staff at Victoria Road Primary School and adopted by the Governing Body May 2020.**

**The policy will be reviewed in May 2021.**

## PRINCIPLES

The school has been examining guidelines from County concerning the administration of medicines to children in school. The school’s position can be summarised as follows:

* Children should **not** be sent to school when they are poorly, and so they must only be in school when they are well enough to take part in normal school life.
* In the case of fractures or similar physical injuries, the school will only give permission for the child to be in school if they are satisfied that it is safe for the child and others.

The school will deal with requests for medicine to be given in school time in three main sets of circumstances:

* In cases of chronic illness or long-term complaints such as asthma, diabetes or epilepsy.
* In cases where children are recovering from short-term illness but are well enough to return to school and antibiotics, cough medicine etc have been **prescribed by the doctor**.
* OTC medicines, in consultation with the parent/carer, where it facilitates the return to school of a pupil.

## PROCEDURES – parents/carers

* Any medication which is to be taken 3 times a day **need not** be taken in school time; breakfast time, tea time and bedtime will be effective. If the medication is 4 times a day, then the school will consider requests for a lunchtime dose to be administered.
* Any medication must be handed over by the parent or guardian directly to the nominated member of staff.
* Any requests for medicines to be given must be made on the form attached and signed by the parent/carer.
* Long-term illness and its effects must be discussed with the headteacher. Asthma, diabetes or epilepsy treatments which require regular or special medication must be agreed.
* All medication must be clearly labelled with child’s name, contents and dosage.
* The medication must be collected when the course is completed and/or each evening.

## PROCEDURES - internal

* Medicines requiring refrigeration are to be kept in the designated airtight container, located in the staffroom fridge.
* Non-controlled drugs must be stored in the designated First Aid drawer in the office.
* Controlled drugs must be stored in the designated lockable non-portable container.
* All treatments or doses of medicine must be logged by the nominated member of staff on a Record of Dispensed Medication Form to accompany the Request to Give Medication Form, and all paperwork stored at the end of the course in the Dispensed Medication Record book in the staffroom.
* Nominated members of staff who receive medicine must countersign the request form.

## INCLUSION STATEMENT

At Victoria Road Primary School, every child matters. All staff provide a safe, secure and accessible learning environment, where each child is valued and their individualities celebrated.

Inclusion at our school recognises a child’s right to, and provides for, a broad, balanced, relevant and challenging curriculum appropriate to their individual abilities, talents and personal qualities.

VICTORIA ROAD PRIMARY SCHOOL

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher

I request that …………………………………………………………………(full name of Pupil) be given the following medicine(s) while at school:

Name of Medicine

Duration of Course

Dose Prescribed

Time(s) to be given

The above medication has been prescribed by the family or hospital doctor. It is clearly labelled indicating contents, dosage and child’s name in FULL.

I will bring the medicine into school myself or will ask another responsible adult

……………………………………………………………………………………………………..

to bring it in, and accept that this is a service which the school is not obliged to undertake and also agree to inform the school of any change in dosage immediately.

Signed ………………………………………………………………… ……………………………………………

 (Parent/Guardian) (Nominated Member of Staff)

Address: ……………………………………………………………

 ……………………………………………………………

 …………………………………………………………….

Date: ……………………………………………………………..

**Note 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 and that the administration of the medicine is agreed by the Headteacher.
2. The Governors and Headteacher reserve the right to withdraw this service.