



POLICY ON MEDICINES IN THE ACADEMY

PHASE	JUNIOR & SECONDARY
POLICY LEAD	RACHEL DENTON (ACET LEAD ON SAFEGUARDING)
DATE OF APPROVAL BY TRUSTEES	4th NOVEMBER 2019
DATE OF RECEIPT BY LOCAL GOVERNING BODY	DECEMBER 2019
FREQUENCY DATE	ANNUALLY
NEXT REVIEW DATE	SEPTEMBER 2020

ACET POLICY ON MEDICINES IN THE ACADEMY

Aim

To establish a framework for the safe administration of medicines in ACET academies.

Overall considerations

The administration of medicine is the responsibility of parents and carers. In cases where the administration of medicines is routine and straightforward and where the parent asks the academy to act in loco parentis the following preconditions will apply:

1. The academy must be informed if a child brings any medication into school. All medicines and treatments will be stored in the first aid room (secondary phase) or appropriate office (primary phase) in a lockable storage facility unless requiring refrigeration, or covered by self-administration of inhalers, or giving their own injection. Any medicines or treatments which require refrigeration will be held in a separate refrigerated unit in a controlled access area. All medicines must be in the original packaging with the pharmacist's label attached stating the GP/Consultant's prescribing instructions. Academy staff will only administer the dose prescribed by the medical professional in accordance with the instructions on the pharmacist's label.
2. Parents/Carers must complete a form of consent for the administration of medicines/treatment with the academy Lead First Aiders.
3. The instruction, which can be made on the academy's consent form, should specify the medication involved, circumstances under which it should be administered, frequency and level of dosage.
4. Parents/Carers will be informed by a text message from the academy when medicines have been administered, stating time it was given and the dosage.
5. The academy will encourage students to take responsibility for their own medical care under the supervision of either the Lead First Aider, administration staff or of an appropriate teaching assistant. This may cover self-administration of medicines, using an inhaler or giving their own injection.
6. Teachers will not be required to administer medicines.

General principles

- Children suffering from short-term ailments, who are clearly unwell, should not be in the academy, and we reserve the right to ask parents to keep them at home, in their own best interest and that of other children and staff.
- Should a child fall ill whilst at the academy, parents or carers will be contacted and asked to take them home.
- Children with chronic illness or disability, who need to take prescribed medicines during academy hours, will be supported in this to lead a safe and happy life whilst at the academy.
- The academy has a general duty of care towards its children. To enable staff to react promptly and reasonably if a child is suddenly taken ill the Local Governing Body has adopted the guidelines and procedures recommended by the Department for Education.

Review

Both this policy and the associated guidance will be reviewed annually or as necessary.

CONSENT FORM 1 for the:

Administration of Medication in the Academy

The academy will not administer your child medicine unless you complete and sign this form

DETAILS OF CHILD:

Surname:

Forename(s):

Address:

.....

.....

M/F:

Date of Birth:

Tutor Group:

Condition or illness:

MEDICATION:

Name / Type of Medication: (as described on the container)

.....

.....

For how long will your child take this medication:

Date dispensed:

Full directions for use:

Dosage and method:

Timing:

Special Precautions:

Side Effects:

Self Administration: Yes / No

Procedures to take in an Emergency:

.....
.....

CONTACT DETAILS:

Name:

Daytime Telephone Number:

Relationship to Student:

Address:

.....
.....
.....

I understand that I must deliver the medicine personally to: [agreed member of staff]

..... **and accept that this is a service which**
the academy is not obliged to undertake.

Date:

Signatures:

.....

Relationship to child: (parent/carer)

Parents/Carers will be informed by a text message from the academy when medicines have been administered, stating time it was given and the dosage.

Confirmation of the academy's agreement to administer medication:

Signed: **(Member of staff)**

Role:

Date:

Consent Form 2:

Agreement to Administer Medication in the Academy

I agree that [name of child].....will receive [quantity and name of medicine].....every day at [time medicine to be administered eg. Lunchtime or break].....

[Name of child]will be given/supervised whilst he/she takes their medication by [name of member of staff].....

This arrangement will continue until [either end date of course of medicine or until instructed by parents /carers].

Parents/Carers will be informed by a text message from the academy when medicines have been administered, stating time it was given and the dosage.

Date:

Signed (Named Member of Staff)

Role of member of staff:

A copy of this form has been given to (parent/carer)

Signed (parent/carer)

Date: