



# GREENWOOD ACADEMIES TRUST

## **Proformas for the administration of medication prescription and non-prescription**

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# GREENWOOD ACADEMIES TRUST

## Policy for the Management of Medication

This policy is written in accordance with the *Department for Education statutory guidance Supporting Pupils at school with medical conditions (September 2014, updated August 2017)*.

Medicines should only be administered at the Academy if it would be detrimental to the pupil's health not to do so. Wherever clinically possible, medicines should be prescribed in dose frequencies which enable them to be administered outside of school hours.

### **A) Prescription Medication**

This policy is relevant for tablets, medicines, creams and sprays prescribed by a GP or other authorised healthcare professional.

1. All parents/carers will be asked to complete the Parental Agreement Form (Appendix A1, A3 or Appendix A4) in the presence of the designated person before medicine can be administered by the Academy.
2. All prescribed medicines must be brought to the Academy in the original container with the prescriber's instructions for administration and dosage and must be in-date. NB insulin may be in a pen or pump rather than the original container.
3. All medication (see item 6 for exceptions) must be handed in to the Academy reception with a covering letter from the parent/carer on the day that it is brought in to the Academy (the letter must be filed with the Parental Agreement Form (Appendix A2, A3 or Appendix A4) and moved to the individual pupil's file at the end of each term).
4. Storage of Medication
  - (i) All medication (see item 6 for exceptions) will be secured in a locked cabinet/container. The pupil will be made aware of where the medicine is stored and how to access it immediately.
  - (ii) A safe container for the disposal of sharp needles will be kept in a locked cabinet and handed to the site manager for safe disposal.
  - (iii) Medicines requiring refrigeration should be kept in a secure, clearly labelled box in the fridge.
5. Administration of Medication
  - (i) Prescription medication will be administered in accordance with the prescriber's instructions by the member(s) of staff named in the parent/carer agreement and/or IHP or by one of the following:
    - Principal
    - Designated person(s)

Academy staff will be appropriately instructed on the administration of medication.

- (ii) The Academy will keep a daily log of all medicines dispensed (Appendix C2).
- (iii) Administration will always be recorded and witnessed and countersigned by an additional member of staff (See Appendix C2).

6. Exceptions

- (i) Secondary age pupils who have an inhaler for asthma will keep it in their Academy bag, to be used by themselves only as necessary. The inhaler must be clearly marked with the pupil's name.
- (ii) Secondary age pupils who have an Epi Pen for allergic reactions will keep it in their Academy bag clearly labelled with their name. This is to be administered by one of the staff named in Section 5.
- (iii) Pupils who have a signed Appendix C3 or C4 authorising self-administration.

**B) Non-Prescription Medicine**

Non-prescription medication will not normally be administered by the Academy. Non-prescription medication will only be administered where the Academy has written parental consent.

7. Where a pupil's medical or care needs are covered under the Equality Act 2010, staff will be informed of any reasonable adjustments necessary to the curriculum and its delivery, the Academy environment and equipment. Consideration will be given to the potential impact of:
- time and effort
  - inconvenience
  - indignity or discomfort
  - loss of opportunity
  - diminished progress.

*\* See the SEN and Disability Policy.*

8. A copy of the DfE guidance *Supporting pupils at school with medical conditions (September 2014)* is published with the policy and will be kept available in the Academy for reference.

NB. Appendices A1 – A4 can be found on the SharePoint Health & Safety hub. To ensure that the current documentation is used forms should always be downloaded from the hub and not copied from this document.

Appendix A1



GREENWOOD ACADEMIES TRUST

**Parent/Carer Agreement for Academy to Administer Prescription Medicine**

Please complete this form, giving all details, if you wish to give permission for the Academy to administer prescribed medicine to your child. NB - the Academy will only administer medicine if the GP requires it to be administered during the school day

Pupil's name: .....

Year/Tutor group: .....

Parent/carers name: .....

Telephone number: .....

Named Staff: .....

Name of Medication: .....

Possible side effects of the medication (if any): .....

.....

I have provided all necessary additional information about my child's needs as outlined below or attached to this document and all necessary equipment e.g. syringes, spoons

Dosage, timing, with or without liquids, before or after a meal, method of administering, storage

I give my permission for named staff at the above Academy to give my child prescription medicines in accordance with the Academy policy for the management of medication.

I confirm that the medicine and equipment I have provided has been prescribed by a GP or other qualified professional, dispensed by a pharmacist and is in date and in its original container  
*I have read and understood the Academy Policy for the Management of Medication*

Signed: ..... (Parent / carer)

Signed: ..... (Academy staff)

Date: .....

Appendix A1.1



GREENWOOD ACADEMIES TRUST

**Parent/Carer Agreement for Academy to Administer Non-Prescription Medicine**

Please complete this form, giving all details, if you wish to give permission for the Academy to administer non-prescription medicine to your child. NB - the Academy will only administer medicine or short term pain relief without advice from the GP

Pupil's name: .....

Year/Tutor group: .....

Parent/carers name: .....

Telephone number: .....

Named Staff: .....

Name of Medication: .....

Possible side effects of the medication (if any): .....

.....

I have provided all necessary additional information about my child's needs as outlined below or attached to this document and all necessary equipment e.g. syringes, spoons

Dosage, reason for medication e.g. menstrual cramps, migraine

I give my permission for named staff at the above Academy to give my child non-prescription medicines in accordance with the Academy policy for the management of medication.

I confirm that the medicine and equipment I have provided is appropriate for my child on the advice by a GP or other qualified professional and is in date and in its original container  
*I have read and understood the Academy Policy for the Management of Medication*

Signed: ..... (Parent / carer)

Signed: ..... (Academy staff)

Date: .....





# GREENWOOD ACADEMIES TRUST

## Parent/Carer Agreement for Self-administration of Medication

Please complete this form, giving all details, if you wish to give permission for your child to self-administer medication.

Name of Academy: .....

Pupil's name: .....

Year/Tutor group: .....

Parent/carers name: .....

Telephone number: .....

Name of Medication:  
.....

Possible side effects of the medication (if any):  
.....

I have provided all necessary additional information about my child's needs as outlined below or attached to this document:

I give my permission for my child to self-administer the medication named above in accordance with advice from the medical practitioner signed below.

Medication will be stored safely in a bag which will be supervised or secured in an office at all times.

***I have read and understood the Academy Policy for the Management of Medication and want my child exempted from conditions relating to administration by staff.***

Signed: ..... (Parent / carer)

Signed: ..... (Medical practitioner/nurse)

Signed: ..... (Academy staff)

Date: .....



# GREENWOOD ACADEMIES TRUST

## Parent/Carer Agreement for Self-administration of Medication with Secure Storage

Please complete this form, giving all details, if you wish to give permission for your child to self-administer medication.

Name of Academy: .....

Pupil's name: .....

Year/Tutor group: .....

Parent/carers name: .....

Telephone number: .....

Name of Medication: .....

Possible side effects of the medication (if any):  
.....

I have provided all necessary additional information about my child's needs as outlined below or attached to this document (including times/frequency of doses)

I give my permission for my child to self-administer the medication named above in accordance with advice from the medical practitioner signed below.

Medication will be handed to reception each day and secured in an office at all times. The named pupil will access medication at the appropriate times as stated above\*.

***I have read and understood the Academy Policy for the Management of Medication and want my child exempted from conditions relating to administration by staff.***

Signed: ..... (Parent / carer)

Signed: ..... (Medical practitioner/nurse)

Signed: ..... (Academy staff)

Date: .....



Department  
for Education

# Supporting pupils at School with medical conditions

**Statutory guidance for governing bodies  
of maintained schools and proprietors of  
academies in England**

[Please click this link for the most current legislation](#)