



Hampton Court House

Medication Policy

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Reviewed and updated by Nik Reynolds Head of Estates and Operations



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Medication Policy

Medication Policy at Hampton Court House School and Hampton Court House Early Years (hereafter known as "HCH", "the setting" or "the school").

Statement of Intent

1. Most children will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term, perhaps requiring them to complete a course of medication.
2. Other children have medical conditions or medical needs that, if not properly managed, could limit their access to education. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities.

Roles and Responsibilities of Staff

3. There is no legal duty which requires school staff to administer medication; this is a voluntary role. Staff who provide support for children with medical needs or who volunteer to administer medication will have:
 - a. support from the headmaster who will ensure that governors and parents are aware of this guidance;
 - b. access to information and training.
4. Anyone caring for children has a common law duty of care to act like any reasonably prudent parent and staff are aware of their responsibility for the health and safety of children at school. Our duty of care could extend to administering medicine and/or taking action in an emergency. This duty extends to staff leading activities taking place off site, such as visits or outings. Where there is concern that a child's needs cannot be met, the headmaster will seek further advice from medical professionals and appropriate LA Officers.
5. Medical information will be shared with all those school staff directly involved in the care of individual children unless parents state that this should not be the case. All staff will be made aware that this information should be treated confidentially. If information is withheld from staff they will not generally be held responsible for incorrectly giving medical assistance in good faith.
6. Any member of staff administering medicines must read the document *Managing Medicines in Schools and Early Years Settings*, which is available on the Teachers Shared drive and upon which this policy is based.

See link to - [Managing Medicines in Schools and Early Years Settings](#)

Medicines

7. The Headmaster has designated the receptionist team as the responsible person/s for medicines throughout the school, and the receptionist keeps records of medication used. Any member of staff administering medication to a child should check:
 - a. the child's name
 - b. prescribed dose



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- c. expiry date
 - d. written instructions provided by the prescriber on the label or container
 - e. that the medication is logged in the receptionist's records.
8. The Headmaster has designated the Day care manager as the responsible person for medicines for the Day care, and the Day care manager keeps records of medication used. Any member of staff administering medication to a child should check:
- a. the child's name
 - b. prescribed dose
 - c. expiry date
 - d. written instructions provided by the prescriber on the label or container
 - e. that the medication is logged in the Day care records.
9. In the Day Care, each child has a personal box with his/her medicine, the prescribed dose clearly indicated, the written instructions given by the prescriber and the form where the practitioner will indicate when the medicine has been given to the child.
10. Medicine must only be administered in school in the presence of the receptionist whilst on site. Offsite, refer to the medicines section of the *Trips and Off Site Visits Policy*. In the Day care centre, the medicine will be administered in the presence of the manager. If the manager is absent, the key person will administer the medicine.
11. If a child refuses to take their medication, emergency contact forms will be used to alert the parent or designated alternative contact.
- 11.1 The receptionist will write a reference number on each first aid bag when issued to a teacher and have a sign in / out sheet for teachers. This is so they take accountability. Alongside the first aid bag, there will need to be a school emergency inhaler, epipen and antihistamine drink (with sick bags, paracetamol, sanitary wear).

Prescribed Medicines

- 12. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- 13. Changes to dosages will not be given on parental instructions.
- 14. Wherever possible, dose frequency should be organised outside school hours.

Controlled Drugs

- 15. The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. If the need arises, further guidance is available in *Managing Medicines in Schools and Early Years Settings*, (DFES, March 2005).

Non-Prescription Medicines

- 16. Staff should NEVER give a non-prescribed medicine to a child without the agreement of the receptionist.
- 17. A child under 8 must not be given non-prescription medicines, unless it is for short term illness and the parents have completed Appendix 1, or the parents have been contacted and given permission on a case-by-case basis.
- 18. A child 8 years or older may only be given non-prescription medicines if prior written permission from the parents (Appendix 1, 3 or 4) has been obtained. Prior approvals using Appendix 4 will be stored on the School Management System.



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19. A child under 16 should never be given medicines containing aspirin unless prescribed by a doctor.
20. If non-prescription medication is administered to a student 8 years or older this must be recorded in the medical book (Appendix 5) and the student should sign it off.
21. HCH undertakes to advise parents by email or telephone regarding any treatment given to your son / daughter immediately. Please note that non-prescription medication will not normally be given to children under 8.
22. If non-prescription medication is administered to a child under 8 this should be recorded in the medical book (Appendix 5) and the child's parent should be asked to sign it off.

Short Term Illness

23. Parents, as defined in the Education Act 1944, are a child's main carers. They are responsible for making sure that their child is well enough to attend school. If a child is deemed well enough to attend school but requires medication for a limited period, it will be necessary to complete a Medication Plan (Appendix 1).
24. The Medication Plan includes:
 - a. details of a child's condition
 - b. medication type/administration instructions
 - c. any possible side effects
 - d. what to do, and whom to contact in an emergency
 - e. the role of the school
25. Medication should be in its original container as dispensed by a pharmacist and clearly marked with the child's name, the preparation name and the dose required. This information will be entered on the daily Register (Appendix 2) which is kept in the school reception.
26. The medication will be stored, out of the reach of children, in the office or in the staff room refrigerator until it is required to be administered, usually at lunchtime. The receptionist will always directly supervise a child taking their medication.
27. Medication administered is recorded in the medical book, and is signed by the student if 8 years or older and by the parent if younger.

Long Term Medical Needs

28. The Health Care Plan shown in Appendix 3 will be used by the school to record information if a child has a medium/long term medical need e.g. broken limb or other injury which requires special treatment or dietary need. This plan includes:
 - a. medical/dietary needs and child's symptoms
 - b. daily care requirements
 - c. what to do and whom to contact in an emergency
 - d. the role of the school
29. The Health Care Plans will be reviewed annually.
30. It is important for the school to have sufficient information about the medical condition of any child with medium/long term medical needs. If a child's medical needs are inadequately supported this can have a significant impact on a child's educational attainment.
31. The school therefore, needs to know about any medical needs before a child starts school,



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or when a child develops a medical condition during their school years.

32. Documents which comprise the joiners pack include the "Medical Details" form - this info is loaded onto Isams via the Medical Directory. Information from this form is, if required, also added to the Medical, Allergy, dietary requirements list which is kept in Reception and on the wall in G5.

Allergy and Anaphylaxis (Severe allergic reaction)

33. Common triggers include nuts, eggs, cow's milk, certain drugs, insect stings.
34. Details of such allergies will be recorded on the Health Care Plan mentioned above (Appendix 3). Emergency action will be detailed in this plan and all staff will be made aware of the condition and course of action. Two main types of medication may be used:
 - a. Antihistamines (e.g. Piriton, Zirtec)
 - b. Preloaded Adrenalin injection (e.g. epipen)
35. Parents will be informed immediately if their child has an allergic reaction and emergency services will be contacted if this is the advice outlined on Health Plan or if this is deemed to be the appropriate course of action by senior school staff.
36. Children with food allergies who choose to stay for a school dinner will need to draw up a Health Care Plan with the headmaster or senior manager and provide a medical note from their GP confirming condition and treatment and an up-to-date photograph of their child. The headmaster will ensure that the Health Plan, GP note and photograph are given to the Catering Staff. Catering Staff will ensure that this information is prominently placed so that relief staff are kept informed. The Catering Service will be kept fully informed about individual children electronically, according to prescribed procedures.
N.B. Less severe food allergies, food intolerances and special dietary needs will be recorded on Health Care Plans.
37. Any child with a severe medical condition will have their photograph taken and this will be displayed (without their name) in the staff room in order to alert all staff. Another photograph will be kept in the First Aid Book with the child's name together with an explanation of the condition and action to be taken.
38. Medication administered is recorded in the medical book, and is signed by the student if 8 years or older and by the parent if younger.

Storage of Medication

39. The importance of medication in maintaining the well-being of children with medical needs means that the required medication should be kept as close to the child as is practical.
 - a. Asthma - Children with asthma must have immediate access to their reliever inhalers (blue) when they need them. All inhalers should be identifiable with the child's name and will be kept either inside classrooms or in the school office (depending on need) when the child is in school. Arrangements will be made to ensure that they are accessible on off-site visits.
 - b. Other medication will be kept in a wall cupboard in the School Office or in the refrigerator in the Staff Room as appropriate.
 - c. In the Day care centre medication will be stored in a lockable cupboard.
 - d. Parents and children will be advised as to where their medication is being stored.
 - e. Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal and that all medication to be used within school is within the date of expiry.



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Educational Visits/Off-Site Activities

40. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. These will be detailed on the appropriate Risk Assessment. It may be necessary on rare occasions for an additional member of staff or the parent to accompany a particular child.

Importance of Communication

41. It is important that responsibility for children's safety is clearly defined and that each person involved with a child's medical needs is aware of what is expected of them. Close cooperation between school, parents, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

Guidance

42. Guidance on how to manage Allergy, Epilepsy, Asthma and Diabetes can be found in the "*Managing Medicine in Schools and Early Years*" document kept on 'Teachers Shared' or

https://drive.google.com/file/d/1J_px9Bz_BCv8rkReckLSqH2yU0sCSXvD/view?usp=sharing



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Appendix 1 – Medication Plan (Short Term)

If your child needs to take medication at school, please complete this form and return it to school as soon as possible.

DETAILS OF PUPIL	
Surname:	Date of Birth:
Forename(s):	Class:
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/Frequency:	
Special precautions:	
Side effects:	
Procedures to take in Emergency:	
Details of medication taken at home:	
CONFIRM CONTACT DETAILS	
Name:	Daytime Telephone No:
Relationship to Pupil:	
If Applicable I understand that I must deliver the medicine personally to the school receptionist and accept that this is a service which the school is not obliged to undertake.	
Signature:	Date:
Relationship to pupil:	



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Appendix 2 – Daily Medication Register

Ensure that an appropriate Medication Plan is in place before using this daily register.

DETAILS OF PUPIL	
Surname:	Date of Birth:
Forename(s):	Class:

Date:					EYU only	
Medication	Amount	Time	Administered by	Signature	Witnessed by	Signature

If a child refuses to take their medication this must be recorded as a REFUSAL above under 'Medication' and a reason why also recorded. Parents must be informed of this refusal by the child on the day concerned and contact with parents recorded.

STUDENT'S ACKNOWLEDGEMENT (If 8 years or older)		PARENT'S ACKNOWLEDGEMENT (If under 8 years)	
Name:		Name:	
Signature:		Signature:	Date:
Date:		Relationship to pupil:	



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Appendix 3 – Medication Plan (Long Term)

If your child needs to take medication at school, please complete this form and return it to school as soon as possible.

DETAILS OF PUPIL	
Surname:	Date of Birth:
Forename(s):	Class:
MEDICAL CONDITION	
Name/Type of Medical Condition	
Give details of child's symptoms/reactions	
Daily care requirements (e.g. medication type/administration details)	
Describe what constitutes an emergency for the child and action to take if this occurs	
CONFIRM CONTACT DETAILS	
Name:	Daytime Telephone No:
Relationship to Pupil:	
Address:	
CLINIC/HOSPITAL CONTACT	
Name:	Telephone No:
GENERAL PRACTITIONER	
Name:	Telephone No:
I give permission for my child's photograph to be taken and brought to the attention of staff with details of medical condition and action to be taken.	
Signature:	Date:
Relationship to pupil:	



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Appendix 4 – Medical Permissions

Pupil's Surname:

Forenames:

Date of Birth:

In case of emergency please contact in the order below:

1 Name: Relationship: Tel:

2 Name: Relationship: Tel:

3 Name: Relationship: Tel:

4 Name: Relationship: Tel:

5 Name: Relationship: Tel:

GP's Name: Surgery Tel:

Surgery Address:

Religion (If relevant to diet or 1st aid treatment):

Has your son/daughter had any of the following illnesses? *Please record the approximate date below*

Chicken Pox	YES/NO	DATE
Measles	YES/NO	DATE
Mumps	YES/NO	DATE

German Measles	YES/NO	DATE
Whooping Cough	YES/NO	DATE
Glandular Fever	YES/NO	DATE

Has your son/daughter been immunised against the following illnesses? *Please record the approximate date below*

Whooping Cough	As a Baby	YES/NO	DATE	Pre-school booster Tetanus, Diphtheria, Polio	Age 4 - 5 YES/NO	DATE
Hib		YES/NO	DATE	BCG - for Tuberculosis Either as a Baby or 12 - 14	YES/NO	DATE
MMR		YES/NO	DATE	Meningitis C	YES/NO	DATE

- Has your son/daughter ever required treatment for any of the following? *Please indicate YES/NO below*
- Asthma: YES/NO
- Ear Problems: YES/NO



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- Deafness: YES/NO
- Fits or Convulsions: YES/NO
- Eczema: YES/NO

Please give details of serious medical illnesses, hospital treatment or operations, with dates where possible.

Does your child suffer from Asthma? If yes, please specify and give details of any medication and if your child is able to manage using the inhaler with or without assistance. Please also confirm you are happy for a member of staff to assist where necessary.

Please list all known Allergies and detail treatment to be given.

Details of any medicines taken regularly.

Do you consider that your son or daughter is fit to take part in all normal school games and activities?
YES/NO

Are there any other medical or psychological factors which the school should know about?
If so, please give details below.

PARENTAL CONSENT

I/We give consent for the items ticked below to be used or dispensed to my child in school and/or a teacher exercising supervision during a trip away from school.

Please note that non-prescription medication will not normally be given to children under 8. If your child needs medication we will contact you on a case by case basis.



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A In the event of any illness or accident at school when it has not been possible to contact any of the contacts listed overleaf, I give my consent for treatment of my child as deemed appropriate by HCH designated first aiders.

General First Aid Treatments Medication Misc/Other

Please tick to the left of the items above, those we can give without prior reference. Please list any additional items we may administer e.g. Inhalers (Please state dose)

	Arnica		Plasters (Fabric)		Ibuprofen (200mg)
	Germolene (antiseptic cream)		Plasters (non-allergenic)		Ibuprofen Gel (anti-inflammatory gel)
	Sun Screen		Benylin		Piriton (antihistamine)
	Tea Tree Antiseptic		Calpol		Optrex Eye Wash
	Anthisan (bite & sting cream)		Cetirizine (antihistamine)		Throat Lozenges
	Vaseline		Loratadine		Rennies
	Antiseptic Spray		Paracetamol (500mg)		Bonjela
	Burns Spray		Ibuprofen (for children)		

I/We confirm acceptance of A and those indicated in section B above and that the information given is accurate to the best of my knowledge. Should there be any changes with my child's medical history, I will make the school aware at the earliest possible time

Signed (Parents/Guardian's signature)

Date

Please print the name of the person who has signed & completed this form.

HCH undertakes to advise parents via email or telephone regarding any treatment given to your son/daughter at the end of the school day. Please note that non-prescription medication will not normally be given to children under 8. Please refer to the School's Medication policy



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Appendix 5 – Non-Prescription Medication

DETAILS OF PUPIL		
Surname:		Date of Birth:
Forename(s):		Class:
MEDICATION REQUEST		
Date:	Time:	Location:
Reason or Request:		
Details of Treatment:		
Details of Recommendations:		
PERMISSIONS		
If under 8: Parent/Guardian contacted and approval given – YES / NO		
Name:		Daytime Telephone No:
Relationship to Pupil:		
Signature:		Date:
If 8 or over: Prior approvals checked – YES / NO		
Pupil's Name:		
Pupil's Signature:		Date:
ADMINISTERED BY		
Name		
Signature:		Date:
WITNESSED BY (EYU Only)		
Name:		
Signature:		Date:

