

Hospital Education Service

SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

<u>Approved/Reviewed by</u>	<u>Sharon Cutler (Head of Service)</u>
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I. POLICY STATEMENT

- a. This policy sets out the duty on HES to make arrangements for supporting students at their schools with medical conditions under Section 100 of the Children and Families Act 2014.
- b. Coventry HES is committed to providing students with a high quality education whatever their health need, disability or individual circumstances. We believe that all students should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other students.

2. WHO DOES THIS POLICY APPLY TO?

This policy applies to all HES students, staff and parents.

3. WHO IS RESPONSIBLE FOR CARRYING OUT THIS POLICY?

- a. The Headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. They will arrange for a member of HES staff to ensure that all other staff who need to know are aware of a child's condition and that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Headteacher will also make sure that school staff are appropriately insured and are aware that they are insured to support students in this way.
- b. All staff have a responsibility to ensure that all students at HES have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.
- c. The Headteacher will arrange for the Lead First Aider, in collaboration with the SENCO, to ensure that students with health needs have proper access to education as they are the people with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It is their responsibility to pass on information to the relevant members of staff within the school. The Lead First Aider and SENCO will liaise with the SEND team, Pastoral Team and other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance students' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.
- d. The day-to-day administration of this policy is the responsibility of recognised First Aiders and the staff appointed by the Headteacher.

4. WHAT ARE THE PRINCIPLES BEHIND THIS POLICY?

- a. This policy and any ensuing procedures and practice are based on the following principles:
- All children and young people are entitled to a high quality education;
 - Disruption to the education of children with health needs should be minimized;
 - If children can be in school they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to access the provision;
 - Effective partnership working and collaboration between other schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
 - Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires; and that
 - Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.
- b. As a setting we will not engage in unacceptable practice, as follows:
- sending children with medical conditions home unnecessarily frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
 - if a child becomes ill and needs support to reach the medical room, sending them to the school office or medical room unaccompanied or with someone unsuitable;
 - preventing students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
 - preventing students from easily accessing their inhalers and medication and administering their medication when and where necessary;
 - penalising students for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
 - requiring parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; nor
 - preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.
- c. For the purpose of this policy, students with health needs may be:
- students with **chronic or short term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or

- **sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
 - children with **mental or emotional health problems**.
 - this policy does not cover self-limiting infectious diseases of childhood, e.g. measles.
- d. Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.
- e. CELC recognizes the need to support students who may have short-term or long-term medical needs although the presumption is that medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so. In some circumstances nominated, and appropriately trained, staff may need to administer medicines. A record of trained staff will be maintained by the school. This record will set out the training courses and dates of those courses attended by the staff at the school.

5. PROCEDURES

- a. Information about medical needs or SEND is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the student attends the school to ensure a smooth transition. When students enter the school, parents/carers are offered the opportunity of attending a personal interview with the school nurse. At this meeting parents can seek advice on the health of their child.
- b. Information supplied by parents/carers is transferred to a Medical Needs Register.
- c. A Medical Needs Register needs to be stored at each site within CELC and must be accessible by staff to ensure awareness and medical care.
- d. Confidentiality is assured by all members of staff. The Head of Alternative Provision has a termly meeting with the SENCo at which the Medical Needs Register is reviewed and health matters discussed.
- e. Any medical concerns the school has about a pupil will be raised with the parents/carers and discussed with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances the school, after consultation with the parent/carer, may write a letter to the GP (with a copy to the parents) suggesting a referral to a specialist consultant where a full paediatric assessment can be carried out.

6. INDIVIDUAL HEALTHCARE PLANS (IHCPs)

- a. Not all children with medical needs will require an individual healthcare plan. The

school, healthcare professional/s and parent/carer should agree, based on evidence, when an IHCP would be inappropriate or disproportionate. If consensus cannot be reached, the Head of Alternative Provision will take a final view. A model letter inviting parents to contribute to individual healthcare plan development is provided at Appendix 1.

- b. IHCPs will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. A flow chart for identifying and agreeing the support a child needs, and developing an individual healthcare plan is provided at Appendix 2.
- c. Individual healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. A template for individual healthcare plans produced by the school is provided at Appendix 3 (healthcare professionals may use their own organisation's template).
- d. Individual healthcare plans, and their review, may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. a specialist or children's community nurse, who can best advise on the particular needs of the child. Students will also be involved whenever appropriate.
- e. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalized and implemented rests with the school. Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimizes disruption.
- f. Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be referred to in their individual healthcare plan. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.
- g. Where a child is returning to school following a period of hospital education, the school will work with the appropriate hospital school or the Hospital and Outreach Education to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.
- h. A list of students with an IHCP will be shared with all staff at least termly, to ensure staff awareness.
- i. Staff will be made aware of where IHCPs are stored centrally on the network for them to access.

7. STUDENTS TOO ILL TO ATTEND SCHOOL

- a. When students are too ill to attend, the school will establish, where possible, the

amount of time a student may be absent and identify ways in which the school can support them in the short term (e.g. providing work to be done at home in the first instance). The school will make a referral to the Hospital Education Service as soon as they become aware that a child is likely to be or has been absent for 15 school days. Where children have long-term health needs, the pattern of illness and absence from the school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, Hospital Education Service and the relevant medical professionals.

8. PREGNANCY

- a. Young women of compulsory school age who are pregnant are entitled to remain at school whenever and for as long as possible. The school will make reasonable adjustments to enable young pregnant women to remain in school. Following the birth of the baby, young mothers may benefit from home tuition for a temporary period before they return to school.

9. MEDICINES IN SCHOOL

a. Self-Management by Students

Wherever possible, children are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. See Appendix 5 for a parental agreement for student to carry and self-administer their own medicine. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.

Students will carry a card to show that they have consent to carry their own medicines and relevant devices or are able to access their medicines for self-medication.

If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them. See Appendix 4 for a Parent/Carer Agreement for the school to administer medicine.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents/carers will then be informed so that alternative options can be considered.

b. Managing Medicines on School Premises

- i. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Medicines will only be

- administered at the school when it would be detrimental to a child's health or school attendance not to do so.
- ii. No child under 16 will be given prescription or non-prescription medicines without their parent/carer's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents/carers while respecting their right to confidentiality. The school sets out the circumstances in which non-prescription medicines may be administered, particularly for residential visits. The template for obtaining parent/carer agreement for the school to administer medicine is provided at Appendix 4.
 - iii. The school only accepts prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
 - iv. Epipens will be kept in a clear, zipped wallet clearly labelled with the student's details, their IHCP (where present) and what to do in an emergency. This is stored securely at the CELC site for easy access in an emergency. Staff receive regular training in the use of Epipens.
 - v. All medicines are stored safely and securely. Children are informed of where their medicines are at all times and are able to access them immediately. Where relevant, they know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away.
 - vi. Spare Inhalers are stored at each CELC site for easy access during an emergency.
 - vii. A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages on the administration of medication record, and when the previous dose was taken. Parents/carers will be informed.
 - viii. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Otherwise, the school will keep controlled drugs that have been prescribed for a student securely stored in a non-portable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in the school. A template for recording medicine administered to an individual child is provided at Appendix 4. A template for recording medicine administered to all children is provided at Appendix 5.
 - ix. School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. The school keeps a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school will be noted. A template for recording staff

training on the administration of medicines is provided at Appendix 6.

- x. When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps (please see separate guidance on schools health and safety webpage for advice on safe use and disposal of needles).

10. EMERGENCY SITUATIONS

- a. Where a child has an individual healthcare plan (IHCP), this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.
- b. If a child without a healthcare plan has a medical emergency, the school will follow their emergency first procedures and first aid will be provided by a qualified member of staff until a paramedic arrives.
- c. The protocol for responding to and reporting accidents can be found in Appendix 9.

11. DAY TRIPS, RESIDENTIALS AND SPORTING ACTIVITIES

- a. Students with medical conditions are actively supported to participate in external trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of students in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.
- b. For residential visits, school staff may administer non-prescription medicines, provided that written consent and medication are provided by parents/carers in advance (see Appendix 4).
- c. Full protocol is outlined in APPENDIX 10: 'ADMINISTERING MEDICINE DURING DAY TRIPS, RESIDENTIAL TRIPS AND SPORTING ACTIVITIES'

12. LIABILITY AND INDEMNITY

- a. The school's insurance arrangements are sufficient and appropriate to cover staff providing support to students with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

13. COMPLAINTS

- a. If parents or students are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure (available online).

14. POLICY REVIEW

This policy will be monitored as part of the annual internal review and reviewed on a three year cycle or as required by legislature changes.

This policy will be kept under review in order to keep it in line with relevant legislation and modifications and issued in line with the authorisation and issue process set out below.

Policy owner: Kay Griffin (Senco; Assistant Head)

APPENDIX I: MODEL LETTER INVITING PARENTS/CARERS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLANS

Dear Parent/Carer,

Developing an individual healthcare plan (IHCP) for your child

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting students at the school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, which will set out what support your child needs, and how this will be provided. The plan will be developed in partnership between yourselves, your child, the school and the relevant healthcare professional, who will be able to advise us on your child's case. The aim of this partnership is that the school are aware of how to support your child effectively, and provide clarity about what needs to be done, when and by whom.

The level of detail within the plan will depend on the complexity of your child's medical condition and the degree of support needed.

It may be that decision is made that your child will not need an individual healthcare plan, but we will need to make judgements about how your child's medical condition will impact on their ability to participate fully in school life, and whether an individual healthcare plan is required to facilitate this.

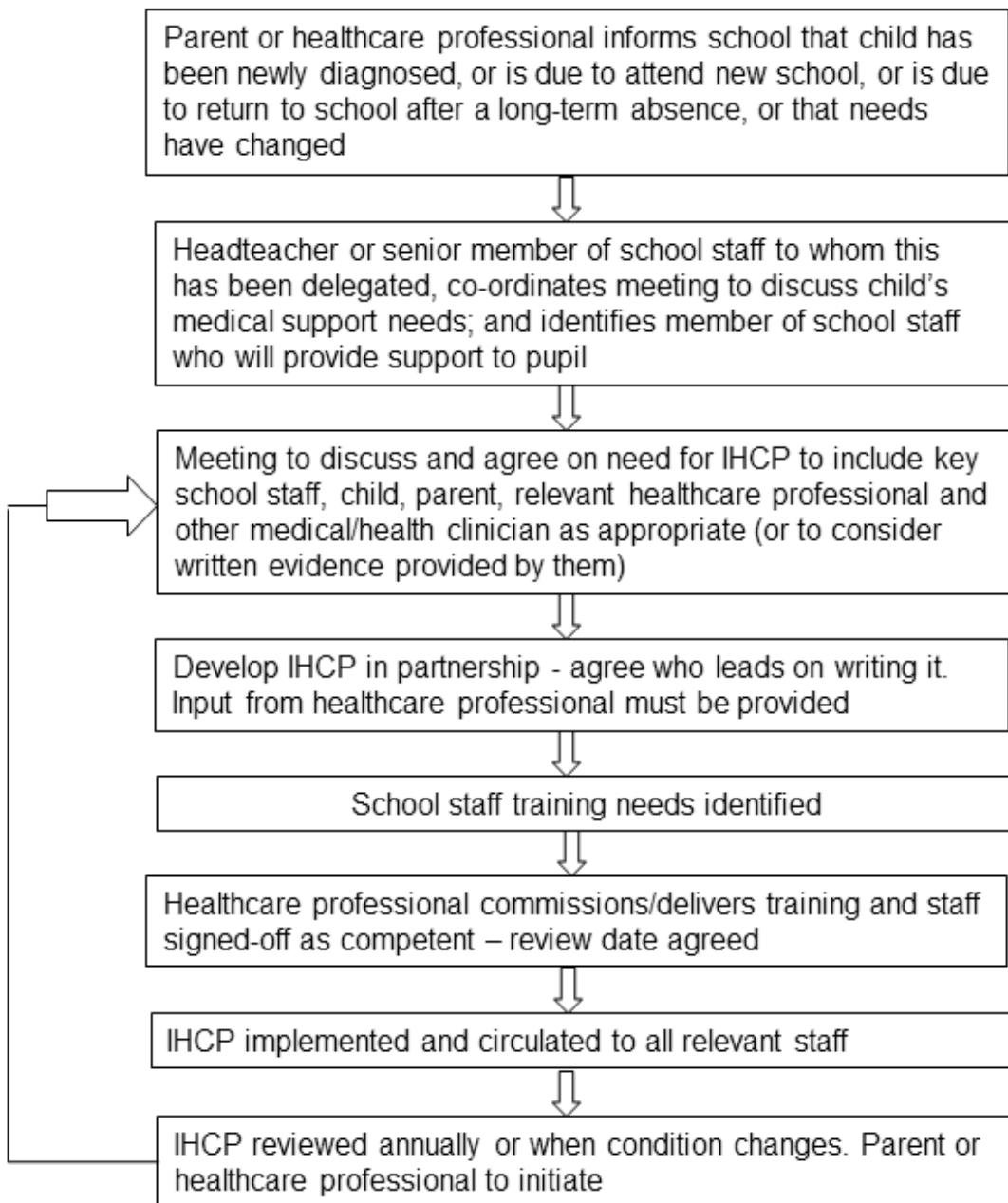
A meeting to discuss the development of your child's individual healthcare plan has been arranged for _____ . I hope that this is convenient for you, and would be grateful if you could confirm if you are able to attend. The meeting will involve the following people: _____ . Please let me know if you would like to invite any other medical practitioners, healthcare professional or specialist that would be able to provide us with any other evidence which would need to be considered when developing the plan. If you are unable to attend, please could you complete the attached individual healthcare template and return it, with any relevant evidence, for consideration at the meeting.

If you would like to discuss this further, or would like to speak to me directly, please feel free to contact me on the number below.

Yours sincerely,

[Named person with responsibility for medical policy implementation]

APPENDIX 2: FLOW CHART FOR DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN



APPENDIX 3: INDIVIDUAL HEALTHCARE PLAN TEMPLATE

Name of School: Coventry Extended Learning Centre

Student's name	
Form	
Date of birth	
Address	
Medical diagnosis or condition	
Date	
Review date	

Family contact information

First contact name	
Relationship to student	
Phone no (mobile)	
Phone no (home)	
Phone no (work)	
Second contact name	
Relationship to student	
Phone no (mobile)	
Phone no (home)	
Phone no (work)	

Clinic/Hospital contact

Name	
Phone no	

GP

Name	
Phone no	
Person(s) responsible for providing support in the school	

Supporting Students with Medical Needs

Describe the medical needs of the student

Give details of the student's symptoms

What are the triggers and signs?

What treatment is required?

Name of medication and storage instructions (if applicable)

Can the student administer their own medication: YES/NO

Does the student require supervision when taking their medication: YES/NO

Arrangements for monitoring taking of medication

Dose, when to be taken, and method of administration

Describe any side effects

Describe any other facilities, equipment, devices etc. that might be required to manage the condition

Describe any environmental issues that might need to be considered

Daily care requirements

Specific support for the student's educational needs

Supporting Students with Medical Needs

Specific support for the student's social needs

Specific support for the student's emotional needs

Arrangements for off-site visits/trips/out of school activities required

Any other relevant information

Describe what constitutes an emergency and the action to be taken when this occurs

Named person responsible in case of an emergency

In the school:

For off-site activities:

Does pupil have emergency healthcare plan? YES/NO

Staff training required/undertaken:

Who:

What:

When

Cover arrangements

People involved in development of plan

Form to be copied to

APPENDIX 4: PARENT/CARER AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

#	Name of school	Coventry Extended Learning Centre
	Name of child	
	Date of birth	/ /
	Group/class/form	
	Medical condition or illness	
	Medicine	
	Name/type of medicine (<i>medicine must be clearly labelled – contents, dosage, full name</i>)	
	Date dispensed	/ /
	Expiry date	/ /
	Agreed review date to be initiated by	[name of member of staff]
	Dosage and method	
	Timing of administration	
	Special precautions	
	Storage requirements	
	Are there any side effects that the school needs to know about?	
	Self-Administration	Yes/No
	Procedures to take in an emergency	
	Contact Details	
	Name	
	Daytime telephone no.	
	Relationship to Child	

Address

--

I understand that I must deliver the medicine personally to

[agreed member of staff]

GP contact details (whom CTC may contact for further information, including verification that it is necessary to give this medicine during the school day).

--

I accept that this is a service that the school is not obliged

I understand that I must notify the school of any changes in writing.

I understand that the school will keep records of any medicines administered to my child.

Date:

Signature/s:

APPENDIX 5: PARENT/CARER AGREEMENT FOR STUDENT TO CARRY AND SELF-ADMINISTER THEIR OWN MEDICINE

This form must be completed by parents/carers

If staff have any concerns discuss this request with healthcare professionals

Name of school	Coventry Extended Learning Centre
Child's name	
Tutor group	
Address	
Name of medicine/when prescribed/duration/dosage	
Procedures to be taken in an emergency	
Contact Information	
Name	
Daytime phone no.	
Relationship to child	

I would like my son/daughter to keep her medicine on him/her for use as necessary. I understand that the school may monitor usage whilst on the school premises.

I confirm that I have discussed with my son/daughter the requirements and procedure relating to administration of the medicine.

Date:

Signature/s:

APPENDIX 7: STAFF TRAINING RECORD

Name of school: Coventry Extended Learning Centre

Name of staff member	
Type of training received	
Training provided by	
Profession and title	
Date training completed	

APPENDIX 8: FIRST AID PROTOCOL

I confirm that _____ (insert staff member's name) has received the training detailed above and is competent to carry out any necessary treatment/to administer medication.

For students in the school

I recommend that this training is updated _____
• ~~Students should speak with a member of staff if they have received an injury or feel unwell during the school day.~~

Trainer: _____
• The student will be assessed and, if necessary, treated by the First Aider who will fully complete the Date: _____ Accident, Injury & Illness Register and issue the student with a copy of this record.

• Following assessment / treatment the student will return to class.
I confirm that I have received the training detailed above.
• The First Aider will contact parents/carers where appropriate. Parents/carers must be notified in the case of any accident and should the student require attention from a medical professional or need to be sent home. Students who need to be sent home will be signed out in the school's standard Staff sign-out manner.
Date: _____

Suggested review date: _____
First Aid Emergency

- In the case of an emergency, contact CELC First Aid for assistance.
- In the unlikely event of a delay in response from CELC First Aid, do not wait before calling 999 for an ambulance.
- Stay with the student, reassure and keep the student comfortable until the ambulance crew arrives.
- A parent/carer must be informed. If the parent/carer is unavailable, continue to attempt contact until successful.
- If a parent/carer is not available to accompany the child to hospital, the first aider (after suitable cover is found) or another member of staff will accompany the child until the Parent/Carer arrives to take over.
- The Head of Alternative Provision and any other relevant members of staff must be informed of the emergency and of the course of action taken.

Additional notes for students with PE injuries

- The student will be assessed by the First Aider who will call 999 for emergency medical support if needed and in all cases inform Parent/Carers. Parents/Carers will be requested to take their child to hospital for further medical attention if required.
- If deemed fit to continue with their lesson after treatment, the student will be sent back.

APPENDIX 9: ACCIDENT PROTOCOL

1. All student, staff and visitor accidents must be recorded in an accident book.
2. The First Aider will decide whether the accident requires reporting to the Health & Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). In this case, the First Aider will liaise with the appointed Health & Safety Officer.
3. All student accidents will be reported to parents/carers at the earliest opportunity by the First Aider who treated the student's injuries.
4. Accident Book Records, including the cover of the Accident Book, will be kept for a minimum of 3 years.

APPENDIX 10: ADMINISTERING MEDICINE DURING DAY TRIPS, RESIDENTIAL TRIPS AND SPORTING ACTIVITIES

Medication for Students with Nut and other Allergies

- If you are responsible for a student who suffers with SEVERE NUT and OTHER ALLERGIES, please remind them to carry their own Epipen at all times during the trip. The tutor will also be responsible for carrying their spare Epipen in case the student misplaces theirs (Students' spare Epipens are stored in each CELC for easy access during an emergency).
- Please sign the sheet located in the container when the Epipen is taken off site and when returned.
- In an emergency situation, follow instructions clearly written on the envelope, if in doubt, give the Epipen, it will not harm the student, call 999 and inform parents immediately.
- Students with other allergies should carry their own Antihistamine tablets accompanied by a letter from parent/carer.

Medication for Students with Diabetes

- Please ask parents to provide adequate supply of Insulin and snacks for the duration of the trip. If the student has a Hypoglycaemic attack (low blood sugar), give a sweet drink followed by snacks and stay with the student until recovered (normal blood sugar level is between 4-10mmols).
- In a Hyperglycaemic attack (high blood sugar 10 – 17mmols), encourage the student to drink plenty of water and adjust their insulin accordingly. They may need frequent use of the toilet. Students usually recognise their own symptoms and manage their own medication. Stay with the student until recovered.

Medication for Students with Asthma

- Students must carry their own Inhalers and make sure containers are sufficiently full. The teacher responsible for the student will also need to carry their spare Inhaler. Spare Inhalers are stored in each CELC. Please sign the sheet when inhalers are taken off site and when returned. During an asthma attack, stay with the student and supervise the use of their Inhaler. If the student's breathing does not improve after 10 puffs of their inhaler and is still breathing hard and fast, can't talk or feed, look anxious and pale, call 999 and inform parents immediately.

Medication for Students with Prescribed Medicine

- Students who have prescribed medicines for ADHD, migraine etc. must bring their medicine into college on the day accompanied by a letter from parent/carer giving consent and stating clearly the time and dose of medicine to be administered.
- Wherever possible, children are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. See Appendix 5 for a parental agreement for student to carry and self-administer their own medicine. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.
- If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them. See Appendix 4 for a Parent/Carer Agreement for the school to administer medicine. The member of staff responsible for the student will carry and administer the medication according to CELC policy (Supporting Students with Medical Needs in the School).
- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents/carers will then be informed so that alternative options can be considered.

Medication for Students with Non-prescribed Medicine

- Non-prescribed medicine brought in on the day has to be accompanied by a letter from parents or a signed Consent Form to Administer Medicine in school by the parent/carer. The student should also be allowed to be in charge of their own medicine upon parental/carer's consent.
- All prescribed and none prescribed medicines received must be in its original container. Prescribed medicine should have a dispensing label and none prescribed medicines must be clearly labelled with the student's name, form group and clear instructions of time and dose to be administered.