



The Evolution and Henslow School

Medication Policy



The New Reflexions company policy on Health and Wellbeing should be consulted for all information about how medicines are managed and given (Chapter 1.8.3).

Should any students require medication during the school day; these procedures will continue to be followed with care staff managing this process, as normal, for New Reflexions students and with signed parental consent an agreed member of support or school staff for day students.

All medications should be checked into the school office safe during the day, a record will be made by the receptionist of what medication has been received on the relevant form.

Paperwork should continue to be completed as it would in the care home. Teachers and school staff will support the provision of medication for students who are in the company's care, but care staff will be expected to administer the medication.

For any day students not in care with the company the attached day student form should be completed and a member of school staff will be assigned to oversee all medication of that individual following New Reflexions Policies.

Reviewed August 2022

The Henslow School Medicine Administration Record for Prescribed Medication

Name of Young Person:

Medication Prescribed by:



Dosage:

Times to be given:

Medical diagnosis or condition/Reason for prescription:

Special Instructions for Medication:

WEEK COMMENCING:

Date	Time in Safe (24hr)	Dosage	Dispensing code	Time Dispensed	Dispensing Staff Signature	Dispensing Staff Print Name	Observing Staff Signature	Observing Staff Print Name

Dispensing Code:

Dispensed = D Not Dispensed = N

Refused = R:

Issued away from home = A (log details in Schoolpod)



The Henslow School Medicine Administration Record of Prescribed Medication for Day Students

Parental agreement for an identified Henslow school staff member to administer medicine.

School will not give your child medicine unless the form has been completed, signed and returned.

Medicines must be kept in their original container with instructions provided, as dispensed by the pharmacy.

If more than one medicine is to be distributed, a separate form must be completed for each one.

Student's Details:										
Name:		DOB:								
Medical Needs:										
Describe medical needs and give detail	s of student's									
symptoms eg triggers, signs, environme	ental issues etc.									
Name of medication:										
Strength:										
Prescribed by:										
Dose/Quantity:										
Method of administration:										
When to be taken:										
Review date:										
Staff member responsible for providing support in school										
Name:		Role:								
Family Contact Information										
Name:		Relation the stud	-							
Emergency Daytime Phone Number(s):										
I understand that medication needs to be handed into the office for safe keeping.										
Signed:	Date:									

