



## **Medical Conditions Policy**

### **Rationale**

Kensington School is an inclusive community that aims to support and welcome students with medical conditions and aims to provide all students, with all medical conditions, the same opportunities as others at the school. Medical conditions, for the purpose of this policy are conditions that require specific medical treatment, such as anaphylaxis, asthma, diabetes or epilepsy. It also covers students with temporary medical conditions whilst they are under medical treatment. The policy aims to ensure that these identified students have an Individual Healthcare Plan.

The Medical Conditions Policy is drawn up in consultation with a wide range of key stakeholders within the school and health settings and should be used in conjunction with other relevant policies, such as the Health and Safety Policy.

### **Communication Plan**

The Medical Conditions Policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation

Students are informed and regularly reminded about the medical conditions policy

- In assemblies
- In personal, social and health education
- Through school-wide communication

Parents are informed and regularly reminded about the medical conditions policy:

- by referencing Medical Conditions and Healthcare Plans in the Essential Information document for parents
- in the school newsletter
- when their child is enrolled as a new student, parents/carers are asked to declare whether their child has a medical condition
- via the policy which is on the school's website
- through school-wide communication



School staff are informed and regularly reminded about the medical conditions policy:

- at scheduled medical conditions training
- via the staff handbook
- through school-wide communication e.g. staff bulletin, email, network shared documents.

### **What to do in an emergency**

All staff understand what to do in an emergency for the most common serious medical conditions at this school (heart conditions, anaphylaxis, asthma, diabetes, seizures)

If a student needs to be taken to hospital, the parent/carers will be informed. In the event of a student needing to go to hospital a member of staff will remain with the student until the parent/carers arrives to take over the duty of care.

All students understand what to do in an emergency

All students are reminded to inform the nearest member of staff immediately in the event of a medical emergency.

### **Administration of emergency medication**

All students with medical conditions have easy access to their emergency medication as it is stored at the main reception. Separate arrangements are made for any off-site or residential visits - these will be held by the member of staff leading the trip.

### **Administration of general medication**

All use of medication defined as a controlled drug, even if the student can administer the medication themselves, is done under the supervision of a named member of staff. This school understands the importance of medication being taken as prescribed.

All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so.

All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

In some circumstances medication is only administered by an adult of the same gender as the student, and preferably witnessed by a second adult.

Parents understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.

If a student refuses their medication, staff record this and parents are informed as soon as possible. A member of staff should never force a child to take medication.

All staff attending off-site visits are aware of any students with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

If a student misuses medication, either their own or another student's, their parents are informed as soon as possible and the incident is recorded. These students are subject to the School's usual disciplinary procedures.

### **Storage of Medication at School**

#### **Safe storage – emergency medication.**

Emergency medication is readily available to students who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.

#### **Safe storage – non-emergency medication.**

All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Students with medical conditions know where their medication is stored and how to access it.

#### **Safe storage – general.**

- The School Office ensures the correct storage of medication at school. All controlled drugs are kept in a locked cupboard, even if students normally administer the medication themselves.
- The Student Medical Officer regularly checks the expiry dates for all medication stored at school.
- All medication is supplied and stored in its original containers. All medication is labelled with the student's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose, frequency and storage.
- Medication is stored in accordance with instructions, paying particular note to temperature. Some medication for students at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled.
- It is the parent's responsibility to ensure new and in date medication comes into school before the expiry of existing stocks.

### **Consent to Administer Medicines**

- If a student requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Healthcare Plan giving the student or staff permission to administer medication on a regular/daily basis, if required.
- All parents of students with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.
- If a student requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the student's Healthcare Plan. The school and parents keep a copy of this agreement.
- Parents of students with medical conditions are all asked at the start of the school year on the Healthcare Plan if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

### **Individual Health Plan**

Date form completed:

Date for review:

Copies held by :

For students with medical conditions at school. The information you provide in this document will help provide a document which will be shared with school staff.

### 1. Student information

Name of student: \_\_\_\_\_ Class: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Teacher/Tutor: \_\_\_\_\_

Male ☐ Female ☐

### 2. Contact information

Address:

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Family Contact

|                       |  |                       |  |
|-----------------------|--|-----------------------|--|
| Name                  |  | Name                  |  |
| Relationship to child |  | Relationship to child |  |
| Home No.              |  | Home No.              |  |
| Work No.              |  | Work No.              |  |
| Mobile                |  | Mobile                |  |
| Other                 |  | Other                 |  |

GP/Médico de cabecera

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Specialist contact (if applicable)



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SCHOOL**  
Est. 1966

Carrer dels Cavallers 31/33 (Pedralbes) - 08034 Barcelona  
info@kensingtonschoolbcn.com  
93 203 54 57

Headmaster: Mr Duncan Giles MA

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical condition: \_\_\_\_\_

### **3. Details of student's medical condition**

Signs and symptoms of this student's condition:

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Trigger or things that may make this student's condition worse

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### **4. Routine healthcare requirements** (E.g. dietary, therapy, nursing needs of before physical activity)

During school hours

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Outside school hours

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### **5. What to do in an emergency**

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## 6. Regular medication taken during school hours

Medication 1:

Name/type of medication

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Dose and method of administration

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When is it taken? (time of day)

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Are there any side effects that could affect this student at school?

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Are there any signs when the medication should not be given?

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Can the student administer the medication themselves?

Medication 2

Name/type of medication

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Dose and method of administration

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When is it taken? (time of day)

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Are there any side effects that could affect this student at school?

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Are there any signs when the medication should not be given?

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Can the student administer the medication themselves?



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Yes ☐ No ☐ Yes with staff supervision ☐

Yes ☐ No ☐ Yes with staff supervision ☐

### **7. Emergency medication (if different from regular medication)**

Name/type of medication

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Describe what signs or symptoms indicate an emergency for this student

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Dose and method of administration (how the medication is taken and the amount)

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Are there any contradiction (signs when the medication should not be given)?

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Are there any side effects that the school needs to be aware of?

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Can the student administer the medication themselves?

Yes ☐ No ☐ Yes with staff supervision ☐

Is there any follow-up care necessary?





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Who should be notified?

Parents ☐ GP/Medico de cabecera ☐ Specialist ☐

8. Regular medication taken outside school hours (for background information and to inform planning of residential trips)

Name/type of medication

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Are there any side effects that the school needs to know about that could affect school activities?

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**9. Specialist education arrangements requires (e.g. activities to be avoided)**

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10. Any specialist arrangements required for off-site activities

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11. Any other information relating to the student's healthcare in school?

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### **Parental and Student Agreement**

I agree that the medical information contained in this plan is up-to-date and accurate and can be shared with individuals involved with my child's care and education - including emergency services. I understand that I must notify the school of any changes in writing.

Name of parent/guarding:

Signature:

Date:

Name of student:

Signature:

Date:

### **Healthcare professional agreement (if required)**

I agree that the information is accurate and up to date

Name:

Job title:

Signature:

Date:

### **Permission for emergency medication**

☐ I agree that my child can be administered their medication by a member of staff in an emergency.

☐ I agree that my child **cannot** keep their medication with them and the school will make the necessary arrangements for its storage.

☐ I agree that my child can keep their medication with them for use when necessary.

☐ I agree to notify the school of any changes to my child's condition.

Name of medication carried by student:

Name of parent:

Signature:

Date:

### Parental Agreement to administer medicine

Kensington School will NOT give your child medicine unless you complete and sign this form

|  |  |
|--|--|
| Name of child                                      |  |
| Date of birth                                      |  |
| Class  |  |
| Medical condition or illness                       |  |
| <b>Medicine</b> <i>(to be given to the Office)</i> |  |
| Name/type of medicine                              |  |
| Expiry date  |  |
| Dosage and method                                  |  |
| Timing   |  |
| Special precautions                                |  |
| Are there any side effects?                        |  |
| Self administration Yes/No                         |  |
| Procedures to take in an emergency                 |  |

**NB: Medicines must be in the original contained dispensed from the chemist**

#### Contact details

|                          |  |
|--------------------------|--|
| Name of contact          |  |
| Daytime telephone number |  |
| Relationship to child    |  |

The above information is to the best of my knowledge accurate at the time of writing. I will inform the school immediately of any changes in writing



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Signed:

Date: