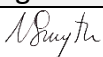


This policy will be reviewed in full by the Senior Leadership Team on an annual basis.

Date the policy was last reviewed and agreed	SLT		SLT	
	Name	Signature	Name	Signature
January 2026	Natasha			

This policy is due for review up to 12 months from the above date

Safeguarding Children - Administering Medicines Policy

Legal Basis: Related Sub Section in The Statutory Framework for The Early Years Foundation Stage (March 2021)

Medicines

3.46. Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

3.47. Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.

1. INTRODUCTION

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness but well enough to be at preschool.

In many cases it is possible for a child's GP to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, parents must keep the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings'. The Manager is responsible for ensuring all staff understand and follow these procedures.

The principal person responsible for the correct administration of medication to a child is that child's key person. This includes ensuring that a parental consent form has been completed, that the medicine is stored correctly and that records are kept according to these procedures. In the absence of the key worker, the manager or deputy manager is responsible for the overseeing of administering medication.

2. PROCEDURES

Children taking prescribed medication must be well enough to attend the setting, not be contagious (See 'illness, accident, and absence policy' for details of minimum exclusion periods), and be free from vomiting and diarrhoea for at least 48 hours.

Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor). NB Unprescribed children's paracetamol/ibuprofen will not be administered to any child, if a child needs regular paracetamol/ibuprofen because they are poorly, they should not be attending preschool.

Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.

Parents must give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign the consent form (see Appendix 1) stating the following information. (Medication will not be given without these details being provided):

- full name of child and date of birth;
- name of medication and strength;
- who prescribed it;
- dosage to be given in the setting;
- how the medication should be stored and expiry date;
- any possible side effects that may be expected should be noted;
- parental consent with signature, printed name of parent and date.

Medicines will only be administered according to the instructions indicated on the prescription label, and NOT by verbal instructions from carers. A letter from an appropriate health professional MUST be provided if there are any changes to how the medicine is to be administered.

Medication should be handed to either the Key Person, Manager or Deputy Manager. Parents will be asked to sign all relevant paperwork (e.g. Administering Medicines Form). Other staff will be advised verbally that the child is due to have medicine that day and the time this will happen.

The administration is recorded accurately each time it is given and is signed by the administering member of staff and a witness. Parents are shown the record at the end of the session and asked to sign the record log (see Appendix 2) to acknowledge the administration of a medicine. The medication record log records:

- name of child;
- name and strength of medication;
- the date and time of dose;
- dose given and method;
- signed by the person administering the medicine;
- witnessed & signed by manager/deputy manager
- verified by parent signature at the end of the day.

3. STORAGE OF MEDICINES

All medication is stored safely in a secure cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic bag or box.

The child's key person or manager/deputy manager, is responsible for ensuring medicine is handed back at the end of the day to the parent.

For some conditions, medication may be kept in the setting (e.g. asthma inhalers). The key person must check that any medication held to administer on an 'as and when' required basis, or on a 'regular' basis, is in date and any out-of-date medication is returned to the parent.

All emergency medication, first aid box and Emergency file will be stored in the First Aid box and placed in an easily accessible place in the main room at the start of each session for quick and easy use and reference.

All staff are made aware of this procedure on induction.

If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

No child may self-administer, except where expressly requested by parents. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding to when a child requires medication.

4. LONG TERM MEDICAL CONDITIONS REQUIRING ONGOING MEDICATION

An Individual Healthcare Plan (IHP), and risk assessment, if necessary, is completed for each child with long term medical conditions that require ongoing medication. This is the responsibility of the SENCo alongside the key person. Other medical or social care personnel may need to be involved in writing the IHP.

Parents will also contribute to an IHP & Risk Assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.

For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. Training needs for staff form part of the IHP/Risk Assessment.

The Risk Assessment includes:

- Vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs,
- Arrangements for taking medicines on outings,
- The child's GP's advice is sought, if necessary, where there are concerns.

An Individual Healthcare Plan (IHP) for the child is drawn up with the parent outlining the key person's role and what information must be shared with other staff who care for the child.

The IHP should include the measures to be taken in an emergency. The IHP is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc. Parents receive a copy of the Health Care Plan and each contributor, including the parent, signs it.

5. MANAGING MEDICINES ON TRIPS AND OUTINGS

If children are going on outings, staff accompanying the children must include the key person for the child with a Risk Assessment, or another member of staff who is fully informed about the child's needs and/or medication.

Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and name of the medication. Inside the box is a copy of the consent form and the medication record log to record when it has been given, with the details as given above. On returning to the setting the parent signs the medicine record log as normal.

If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent. As a precaution, children should not eat when travelling in vehicles.

6. ADMINISTERING EMERGENCY LIQUID PARACETAMOL (CALPOL)

We keep a supply of Calpol/generic liquid paracetamol on site.

Where parents have indicated on the registration paperwork that their child is allowed to have liquid paracetamol, staff will first call to check that the child has not already been given paracetamol that day, and to confirm it is OK for us to administer.

We would offer this when:

- A child has a temperature of 38 degrees Celsius or higher, parents must collect their child.
- When a child is in pain (e.g. an earache)

A child who has been given liquid paracetamol must be collected as soon as possible.

STAFF DECLARATION

I agree that I have read and understood the information set out in this policy, and will abide by it.

I understand that if I have any questions about this policy, I will raise them with my manager prior to signing my agreement below.

Staff Name	Staff Signature	Date

Parental Permission for the Administration of Medication

Name of Child	
Date of Birth	
Name and strength of medicine	
Medication prescribed by	
Dose and frequency of medicine to be given	
Storage Instructions	
Date medicine provided by parent	
Expiry date	
Quantity received	
Quantity returned	
Please list any possible side effects and action to be taken.	

I hereby consent to the staff at Preschool administering medication to my child as detailed above.

Parent Name	
Parent Signature	
Date	
Staff Name (Child's Key Person)	
Staff Signature	
Date	

APPENDIX 2 - MEDICATION RECORD BOOK

MEDICATION RECORD LOG

Record of Medicine Administered to _____
(FULL NAME AND DATE OF BIRTH OF CHILD)

Please complete EVERY TIME medicine is given:

[illegible]