# Administering Medicines

**Policy statement**

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 **prescribed** medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GPs 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 it is advised that the parent keeps the child at home for the first 24 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Two members of staff will be responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. The Manager/Deputy Manager will be responsible for the overseeing of administering medication.

***In extreme circumstances Calpol will be given if a child has a very high temperature that is giving cause for concern, and their parent/carer is delayed in getting to the pre-school to pick them up. The parent/carer will always be telephoned and asked for verbal permission before any medication is given. In the case of a severe allergic reaction Piriton will be administered with verbal consent from the parents/carers or on medical advice (i.e. if a 999 call has been made). It is extremely important that you notify us if your child has been given any medication before attending pre-school. Parents sign their consent to the above in the Parent Agreement.***

**Procedures**

- Children taking prescribed medication must be well enough to attend the setting.
- Only medication prescribed by a doctor (or other medically qualified person) is administered, except in extreme circumstances as outlined above. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor). Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication.

- The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
- the full name of child and date of birth;
- the name of medication and strength;
- who prescribed it;
- the dosage to be given in the setting;
  how the medication should be stored and its expiry date;
- any possible side effects that may be expected; and
- the signature of the parent, their printed name and the date.

*The Manager/Deputy Manager or the child's keyworker will be responsible for receiving medication and ensuring that the appropriate forms are signed. This will be written in the Communication diary in order to make all staff aware.*

- The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the key person/manager. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:
  - name of the child;
  - name and strength of the medication;
  - date and time of the dose;
  - dose given and method;
  - signature of the key person/manager; and
  - parent's signature.
- We use a Medication Record book for recording the administration of medicine and comply with the detailed procedures set out in that publication.

***Storage of medicines***

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person 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 to be administered on a regular or as-and-when required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

*All medication is kept in a locked medicine cabinet, which staff are made aware of as part of their induction. Staff are informed by word of mouth and through the Communication diary of any medication that is kept in there.*

- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- If rectal diazepam is given, another member of staff must be present and co-signs the record book.

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

***Children who have long term medical conditions and who may require ongoing medication***

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a 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. The training needs for staff form part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.
- A health care plan 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 health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed termly, or more frequently 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.

***Managing medicines on trips and outings***

- If children are going on outings, staff accompanying the children must include a 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 the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- 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 and the 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.
- This procedure is read alongside the outings procedure.

**Policy was Reviewed and Updated in September 2026**