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**ADMINISTERING MEDICINE POLICY**

**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 school, we will agree to administer 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 school. If a child has not had a medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect 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 Headteacher is responsible for ensuring all staff understand and follow these procedures.

At the time of admission to our school, parents are asked to inform us of any individual healthcare needs of their child and an Individual Healthcare Plan is completed with staff and parents together. This information is shared with all staff and is kept in the medical file in the Headteacher’s office.

The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the Headteacher is responsible for the overseeing of administering medication.

We will ensure that the parents/carers of any child attending the Nursery complete a medical form giving details of any allergies, short-term medical conditions, on-going medical conditions and prescribed medication.

If we are informed that a child in our care needs medication prescribed by a doctor, a **Parental Agreement for Wingate Nursery School to Administer Medicine** must be completed,giving authorisation for us to administer the medication and signed by parents/carers. (APPENDIX 1)

We will only give children medication if it is in the original container. We will ensure all medication is stored appropriately and marked with the child’s name.

We will not give any child non-prescriptive medication, however if calpol is necessary, it can be given, as long as parental consent is sought and the consent form is signed, with details of the dose noted. In all cases, the Headteacher should be consulted before the calpol is administered.

**Procedures**

* Children taking prescribed medication must be well enough to attend school.
* Only prescribed medication is administered. It must be in-date and prescribed for the current condition.
* Children's prescribed medicines are stored in their original containers, in the utility room (or fridge in child-locked kitchen), are clearly labelled and are inaccessible to the children.
* The staff receiving the medication must ask the parent to sign an agreement form stating the following information. No medication may 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 school
* how the medication should be stored and expiry date
* any possible side effects that may be expected should be noted
* signature, printed name of parent and date
* The administration is recorded accurately each time it is given and is signed by staff. (APPENDIX 2) Parents sign to acknowledge the administration of a medicine.

**Storage of medicines**

* All medication is stored safely in a locked cupboard or refrigerated.
* The child’s key person is responsible for ensuring medicine is handed back at the end of the day to the parent. If a child accesses wrap-around through our onsite Childcare facility, all medicines will be passed onto the member of staff in the pre-school room.
* For some conditions, medication may be kept in school. Key persons check that any medication held to administer on an ‘as and when’ required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.

Asthma inhalers and skin creams are labelled with each child’s name and kept in the Utility Room. Other liquid medication is usually placed in the fridge or in the locked cupboard in the school office.

* 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 administration form.
* 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 their key person 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 on 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 Headteacher 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 is part of the 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.
* The risk assessment includes arrangements for taking medicines on outings and the child’s GP’s advice is sought if necessary, where there are concerns.
* An individual 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 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.

**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, name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
* On returning to the school 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, name of the medication. Inside the box is a copy of the consent form signed by the parent.
* **Legal framework**

Medicines Act (1968)

* **Further guidance**

Managing Medicines in Schools and Early Years Settings (DfES 2005)  
<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

Reviewed: September 2023

Next Review:

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WINGATE COMMUNITY NURSERY SCHOOL

**PARENTAL AGREEMENT FORM TO ADMINSTER MEDICINE**

The school has a policy that staff can administer medicine, but only once you complete and sign this form.

|  |  |
| --- | --- |
| Name of School | WINGATE COMMUNITY NURSERY SCHOOL |
| Name of Child |  |
| Date of Birth |  |
| Name and strength of medicine |  |
| Prescribed by |  |
| Contact details for GP |  |
| Dosage to be given |  |
| When to be given |  |
| Storage Instructions |  |
| Expiry date |  |

|  |  |
| --- | --- |
| The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. | |
| Name of parent/carer completing this form |  |
| Signature |  |
| Date |  |

If more than one medicine is to be given a separate form should be completed for each one.

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WINGATE COMMUNITY NURSERY SCHOOL

**MEDICINE ADMINISTRATION FORM**

Name of child ……………………………………………..

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Name of medication** | **Dose to be administered** | **Time of day administered** | **Staff who administered**  (print & sign) | **Staff witnessing the administering**  (print & sign) | **Parent signature** (signed at end of session/day) |
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