

Health procedures



6.1 Administration of medicine

Key persons are responsible for administering medication to their key children; managers ensure consent forms are completed, medicines stored correctly and records kept.

Administering medicines during the child's session will only be done if absolutely necessary.

If a child has not been given a prescription medicine before, especially a baby/child under two, it is advised that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect. The setting managers will check the insurance policy document to be clear about what conditions must be reported to the insurance provider.

Consent for administering medication

- Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have PR, cannot give consent.
- *The setting managers receive the child's medication, and asks the parents to help complete an online consent form, stating the following information. No medication is given without these details:*
 - full name of child and date of birth
 - name of medication and strength
 - dosage to be given and method
 - how the medication should be stored and expiry date
 - a note of any possible side effects that may be expected
 - online acknowledgement and printed name of parent and date
 - They inform all staff of the medication and how to give it to the child.
- The manager's receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label.
- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Manager's must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.

Storage of medicines

All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled and are marked in the main kitchen fridge.

All medication is stored safely kept on a high shelf in the Sensory room out of reach of children or refrigerated as required. All medication displays the child's name and picture.

- The key person is responsible for ensuring medicine is handed back at the end of the day to the parent.

- For some conditions, medication for an individual child may be kept at the setting. A Unscheduled medication form must be completed. Key persons check that it is in date and return any out-of-date medication to the parent.
- Parents are not allowed access to the medication storage bag, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

Record of administering medicines

A record of medicines administered is kept on our online Family app.

Medicine records are kept in each child's online personal file. All staff are informed of this and managers teach staff how to complete records correctly. Regularly trained and reviewed.

The medicine form records:

- full name of child and date of birth
- name of medication and strength
- the date and time of dose
- dosage to be given and method
- acknowledged by key person/setting manager
- online acknowledgement and printed name of parent and date

A witness is added to the medicine record form to verify that they have witnessed medication being given correctly according to the procedures here.

- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
- The medication record forms are monitored to look at the frequency of medication being given. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

Children with long term medical conditions requiring ongoing medication

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting managers and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor for their child.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought if necessary, where there are concerns.

- Unscheduled medication form is completed fully with the parent; outlining the key person’s role and what information is shared with other staff who care for the child.
- The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

Managing medicines on trips and outings

- Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.
- Medication is taken in a plastic bag labelled with the child’s name, name of medication. The online copy of the consent form and record of administration are accessed through our Family app.
- If a child on medication has to be taken to hospital, the child’s medication is taken in a sealed plastic bag clearly labelled as above.

Staff taking medication

Staff taking medication must inform their managers. The medication must be stored securely in the medication bag or in a secure area away from the children. The manager’s must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

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