



Administering Medicines Policy

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ADMINISTERING MEDICINES POLICY

Policy statement

It is not our policy to care for sick children 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. We ensure that where medicines are necessary to maintain the health of the child, they are given correctly and in accordance with legal requirements.

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, especially a baby/child under two we request that the child is kept 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.

Our staff are responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed on their child's family app, and that medicines are stored correctly and that records are kept according to procedures.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We will only administer medication when it has been prescribed for a child by a doctor, it must be in-date and prescribed for the current condition and have the pharmacy label on the packaging.
- Non-prescription medication, such as pain or fever relief (Calpol only) and teething gel or granules, may be administered, but only with prior consent of the parent via family and only when there is a health reason to do so, such as a high temperature.

Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor.

- The administering of un-prescribed medication is recorded in the same way as any other medication. We may administer children's paracetamol (un-prescribed) for children with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child. The administration of Calpol is recorded on a medication form on the Famly app, and parents also give consent for this on their child's Registration Form, when they register their child with us

- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, we check that it is in date and prescribed specifically for the current condition.

- Parents must give prior permission for the administration of medication. We will ask the parent to sign consent via the Famly app, stating the following information. No prescribed medication may be given without these details being provided

- the full name of child and date of birth
- the name of medication, the strength and what condition it has been prescribed for
- the dosage and times to be given in the setting and the time the child last had a dose given at home
- the method of administration
- the date the medication was prescribed
- how the medication should be stored and its expiry date
- the digital signature of the parent, and the date (giving consent to administer the medication)
- parent's acknowledgement via the famly app (at the end of the day/session).

The administration of medicine is recorded accurately on a Medication Form on Famly each time it is given. It is signed digitally by the person administering the medication and by a witness who verifies that the medication has been given correctly. Parents are sent a notification via Famly and are asked to acknowledge the administration of the medicine. A verbal handover is also given on collection of the child.

If the administration of prescribed medication requires medical knowledge, we obtain individual training by a health professional. If rectal diazepam is given, another member of staff must be present and co-signs the medication 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 us what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Storage of medicines

- All medication is stored safely out of the reach of children or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. We check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

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

- An individual Health Care Plan for the child is drawn up with the parent; outlining our role and what information must be shared with all adults who care for the child.
- The individual Health Care Plan should include the measures to be taken in an emergency.
- We review the individual health care plan at least every three months, 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 then sign it, to consent to the plan being implemented.
- We carry out a risk assessment for each child with a long-term medical condition that requires on-going medication. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment, if needed. 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, staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly, this will 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.

Managing medicines on trips and outings

- If children are going on outings staff will accompany the children with a risk assessment or Health Care Plan.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, the original pharmacist's label and the name of the medication. Inside the box is a Health Care Plan, which outlines the medication needed and, signed by the parent.
- On returning to the setting the child's family account is updated if they have not been able to do this whilst on the outing, if medication was administered and the parent will get a notification to acknowledge this.
- If a child on medication is 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 child's Long Term Medication Form & Health Care Plan, with consent, signed by the parent.

This procedure should be read alongside the outing's procedure.

Document history

Date	Version	Section	Details	Reviewed by
10/11/2025	1.0		Creation of new policy	LE