



Policy reviewed on 7.6.2017

Medication policy.

Aim – To ensure that any medication given to a child is administered safely and in accordance with the wishes of their parents. To be inclusive and promote the good health of all the children attending.

When we use the word ‘prescribe’ we mean medicine that is recommended.
When we use the word ‘prescription’ we mean written instructions from a doctor or dentist.

Medicines should not usually be administered unless they have been prescribed for that child by a doctor, dentist, nurse or pharmacist. Non-prescription medication e.g. pain and fever relief or teething gel may be administered, but only with the prior written consent of the parent and only when there is a health reason to do so.

We will obtain prior written permission for each and every medicine from parents before any medication is given in our long/short term medication folder. Staff and parents should both sign the medication form before and after the medication is administered. Each child will have a separate sheet within the medication folder to ensure confidentiality. A new form will be completed for each new treatment. No blanket permission for short term medications should be given.
The play leader will always check the name and date on the medication when accepting it from the parent/carer.

A child under 16 should never be given medicines containing aspirin unless it has been prescribed for that child by a doctor.

Medicines should be stored strictly in accordance with product instructions and in the original container in which dispensed. They should include prescriber’s instructions for administration, with the date and dosage clearly visible.

All medication will be stored in a locked cupboard in the monkey room, unless it needs to be stored in the fridge. If the medicine needs to be refrigerated then it shall be stored in a fridge in the main kitchen, out of children’s reach.

Inhalers for asthma are stored in a locked cupboard in the monkey room. The key for the cupboard is kept on a hook below the cupboard.

Written permission for topical creams for nappy rash, e.g. Sudocrem, is given on the child’s registration form. These are stored out of reach of children in the nappy changing areas. The child’s family worker or staff member changing the child’s nappy, may apply nappy rash cream if it is needed.

The play leader will be responsible for administering any medication, ensuring the necessary parental consents have been obtained and storing the medication. It is also the play leader’s responsibility to inform the next play leader of any medication to be administered, if there is a change in play leader part way through the day.

All medication given to a child is recorded in the medication folder with doses checked by a second person.



A long term administration of medical treatment form will be completed if a child needs long term medication. Along with a care plan to ensure that we have sufficient information about the medical condition of the child with long-term medical needs. However not all children who have medical needs will require an individual care plan. For example care plans do not need to be completed in the case of topical creams.

The play leader should agree with parents how often they should jointly review the care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

For information about steps to be taken if a child becomes ill who has a long term medical condition see their individual care plan.

Medication, for example an inhaler that may be required by a child while on an outing will be taken by the play leader, along with the short/long term medication form. On outings medication will be kept in a padlocked bag, with the play leader being responsible for the key.

A copy of any individual children's care plans who are attending should also be taken on outings in the event of the information being needed in an emergency.

If the administration of prescription medicines requires technical/medical knowledge then individual training should be provided for staff from a qualified health professional, before they are able to administer the medication. Training should be specific to the individual child concerned. Confirmation from the health professional should be gained that anyone trained is competent to carry out the procedure. In an emergency staff who have been trained by a qualified health professional will be able to administer medication; for example administering an epi-pen.

For information about steps to be taken if a child becomes ill see sick child policy.

Signed: