

Spilsby Playgroup



Medication Policy

2022

Aim

Our aim is to support all children in being able to attend playgroup, to be healthy, well and able to access the activities on offer each day confidently and happily.

We recognise that there may be times when children require medication to be administered during their time in the setting. In order that this is regulated we will ensure that:

- Spilsby Playgroup will administer medication that has been prescribed for that individual child.
With regard to non pre-scribed medication. Spilsby Playgroup will administer non –prescription medication e.g. pain and fever relief, teething gel only with prior written consent of the parent and only when there is a health reason to do so. The medication must be in the original bottle with the dosage instructions. Records of all medication given will be kept and monitored..
- Staff will ensure that a new medication form is completed by parent/carer for each session that the medication is expected to be administered.
- On the medication form parents will give signed permission for administration of medication *including*
 - *The name of the child,*
 - *The name of the parent,*
 - *Date,*
 - *Name of medication,*
 - *The dose and time that medication was last given,*
 - *The dose and times to be administered,*
 - *How the medication is to be administered.*
- The medication is clearly marked with the child's name and is in date, in the original container with prescriber instructions for administration.
- No medication will be given to the child unless provided by the parents.
- The medication is stored in accordance with the products instructions, locked and out of reach of children at all times.
- The administration of medication is recorded in the medications book and includes the signature (the administrator of the medication) and counter-signature (witness to medication being given), date, time, dosage.
- The medication form will be signed by the parent on collection of the child.

Administration of Specialist Medication

In addition to the above, we recognise that there may be times when children require specialist medication to be administered for, long term medical needs during their time in the setting.

In order that this is regulated we will ensure that:

Specific permission, instruction and training will be obtained before an agreement is reached with a parent to administer specialist medications (e.g. nebuliser), and life saving / emergency medications (such as adrenaline injections) and a health plan is established.

This will include:

- A discussion with parents about the medication that their child needs to take and support required, Instructions on how and when the drug/medicine is to be administered and what training is required.
- Training on the administration of the prescription medication that requires technical/medical knowledge will be arranged for staff from a qualified health professional to ensure medication is administered safely.
- Written proof of training, if required, in the administration of the medication by the child's G.P., a district nurse, specialist or community paediatric nurse.
- A health plan will be developed in partnership with parents and any health professional and will be regularly reviewed to detail the needs and support or any changes.

This policy has been adopted by Spilsby Playgroup and will be reviewed annually.

Medication Consent Form

Name of Child :				Date:		
Details of Medication:						
Date and time of last dosage :			Amount given at last dosage :			
Name of medication to be given		Time due	Dosage due		How to be administered	
PATENTAL / CARER CONSENT						
I sign to confirm the information given as last dosage to be correct and consent to the above medication to be administered in accordance with the above instructions.						
PrintSignature.....Date.....						
Contact details in case of an emergency						
Telephone.....Alternative contact number						
Details of administration of medication						
Date	Name of medication	Time	Dosage	Signature of staff member administrating medication	Staff witness signature	Parent/Carer signature Print and Sign

THE MEDICATION RECORD MUST BE SIGNED BY THE PARENT OR CARER AT THE END OF EACH SESSION