Gainsborough Nursery School
Medications Policy

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

• We will only administer medication that has been prescribed for that individual child.
• Staff will ensure that a medication form is completed for each medication that will be administered.
• The form will have the parents 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 the parents/carers administered the previous dose,
  - The dose and times to be administered,
  - How the medication is to be administered.
• The medication must be 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 and prescribed for the child.
• Aspirin or medication containing Aspirin will not be administered to any children unless it is prescribed by a doctor for a specific medical condition.
• The medication is stored in accordance with the products instructions and out of reach of children at all times.
• The administration of the medication is recorded on a medication form. Each time medication is given the person administering the medication and a witness, will sign and countersign to record the time and dosage. Parents must sign this form before they leave the premises, to acknowledge they know the medication has been administered.

Administration of Specialist Medication
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, insulin), and life saving / emergency medications (such as adrenaline injections) and a health plan is established.

This will include:

- A letter from the child’s G.P./consultant/health professional stating that the child is fit enough to attend the provision and sufficient information about the child’s condition.
- We will discuss with parents 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 administrated 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.
- Prior written consent from the parent/guardian for each and every medicine will be obtained before any medication will be administered.
- A personalised medication form will be filled in. Parents will give signed permission for administration of the medication including the name of the child, the name of the parent, date, name of medication, the dose and times to be administered and 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 product instructions and out of reach of children at all times.
- The administration of medication is recorded on the personalised medications form and includes the signature (the administrator of the medication) and counter-signature (witness to medication being given), date, time, dosage.

Signed on behalf of Gainsborough Nursery School by:

.......................................................... Head Teacher

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Date: