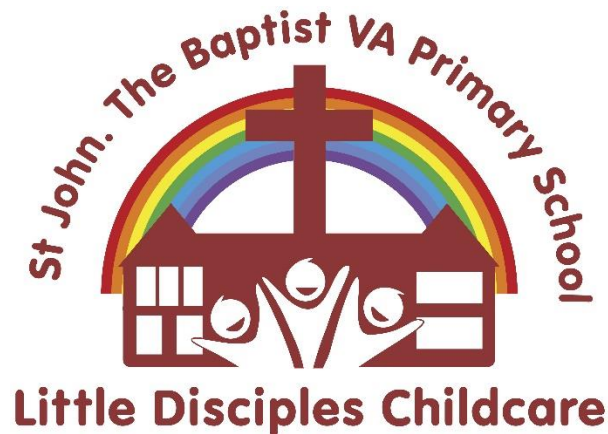


Little Disciples Childcare



Medication Policy/Procedure

At Little Disciples Childcare our aims and objectives are to provide and develop a reliable, affordable and quality Wrap around care service which includes Breakfast Club, Nursery Plus, Afterschool Club & Holiday Club.

Approved by:	Little Disciples Senior Management Team
Adopted by:	Trustees of the Little Disciples Management Committee
Scheduled review date:	September 2024
Agreed by Person in Charge: <i>Signature & Dated</i>	
Agreed by Responsible Individual <i>Signature & Dated</i>	

Medication Procedure

Medicines will not usually be administered unless they have been prescribed for that child by a doctor. In such cases written agreement and all the necessary information from the parent/carer and written agreement from the management committee/delegated manager must be provided in advance.

Medicines will not be administered unless they have been prescribed for that child by a doctor.

If medication is to be given, the following procedure will be followed:

- The responsible individual and manager will confirm that the administration of medication conforms to the settings insurance cover.
- If medication is administered to a child, it is with the written agreement of the parent/carer and with an understanding of the possible side effects of the medication.
- The parent/carer gives written permission before any medication is given. Medication forms/written agreements are kept in the medication folder along with the recording forms (Appendix 1).
- Medicines must be provided in their original containers, within the expiry date listed on the container and clearly labelled with the child's name.
- Checks will be made to ensure that any medication the setting staff are asked to administer is not out of date.
- Medicines will be stored in original containers and will be inaccessible to children.
- Written details of the exact time medication was last administered to the child will be obtained from the parent/carer (Appendix 2).
- If the administration of prescription medicines requires technical or medical knowledge, then it is the responsibility of the parent/carer to inform the Manager of this before the child starts at the setting. Until individual training can be provided for staff from a qualified health professional, arrangements may be made for a parent/carer or health professional to join the session to administer medication to a child, though this request must be placed in writing and approved by the management committee/manager.
- Written records will be kept of all medicines administered to children. This requires a second member of staff to witness the medicine being administered. Parents/carers must sign the record book to acknowledge the entry
- Each child being given medicine will have their own recording form to maintain confidentiality.
- Where necessary the setting staff will liaise with school staff to monitor the administration of medicine and the child's needs daily.



Little Disciples Childcare

MEDICATION FORMS

Prescribed medicines provided in their original container will only be administered with the written agreement of the parent and with all possible side effects listed. For your child to receive prescribed medication whilst at the setting, you must give your written consent by completing and signing the '**Medication Form**' and sign the '**Record of Medication Administration Form**' on every day the medication needs to be administered.

MEDICATION PERMISSION FORM (Parent/Carer)	
1.Full name of parent/carer completing form:	
2.Full name of child taking medication:	
3.Date of birth of child (named above):	
4. Full name of medication to be administered:	
5. Expiry date of medication	
6.Dates to be administered	<small>(duration e.g. 1st-14 April 2011)</small>
7.Required dose	
8.Storage instructions	
9.Other information/possible side effects:	
10.Purpose of medication:	
11.Does the administration of medication require technical or medical knowledge?	Yes No If yes, provide details:
Signature of Parent/Carer: Date:.....	
Management committee/manager name and signature to confirm medication conforms to setting's insurance and the Setting playworkers have received suitable training from a qualified health professional.	
Management committee/manager name:	
Signature:	Date:

