

St. Mary's Pre-School Playgroup

Policy: Administering Medication

At St. Mary's we try to work as closely with parents as possible, if your child should become ill or require medication we would like you to be aware of the following:

- Parents/carers are encouraged to administer medicines at home whenever possible. Children should be given medicines at Pre-School only if necessary, eg. if 3 doses of antibiotics* are to be given – could the child have one before coming to the Pre-School, one as soon as they get home and the last one before bedtime?
- All prescribed medicines to be administered at the Pre-School must have written parental consent using the appropriate form. Also we must have written confirmation from the GP/hospital, registered homeopath/dentist that the medicine needs to be given in Pre-School hours, the dosage and times etc. Forms are available from a member of staff. We would suggest you keep some spare forms with you so that you can take them with you when you visit the GP.
- In line with Council policy, we cannot administer any pain relief medicine eg. Calpol, without a doctor's confirmation.
- We are advised not to administer any other non-prescription medicines due to the problem of unknown side-effects and possible counter effects of combining other medicines or foods. We would therefore encourage you to seek your doctor's advice for any condition and obtain written confirmation from the doctor if any medication is to be administered. Alternatively parents/carers would need to come to the Pre-School to administer the medication.
- The application of preventative creams such as sun cream/block or nappy rash cream will also need a parental consent form.
- Most importantly, if your child is ill enough to require antibiotics* and a visit to the GP or has a temperature, please keep them at home until they are well enough to enjoy their day.
- In an emergency the group will take responsibility for administering Asthma Inhalers and Epipens. All members of staff are trained in first aid and can administer these medications.
- If an Epipen should need to be used during the session an Emergency call will be made to 999 then the parent or carer will be contacted immediately by the group leader.

* If prescribed antibiotics you will need to supervise your child at home for at least the first 24-48 hours in case of adverse effects

This policy was adopted by _____ *(name of provider)*

On _____ *(date)*

Date to be reviewed _____ *(date)*

Signed on behalf of the provider

Name of signatory _____

Role of signatory (e.g. chair, director or owner) _____

PARENTAL CONSENT FOR ST MARY'S PRE-SCHOOL STAFF TO ADMINISTER MEDICATION

(Form 1)

The Pre-School will not give your child medicine unless you complete and sign this form, and where appropriate form 2 which should be completed by the GP.

CHILD'S NAME	DATE OF BIRTH	
	Boy	Girl
Address:		
Medical condition or illness:		
For how long will your child need to take this medication?		
Date dispensed:		
NAME OF MEDICINE (as described on container)	WHEN TO BE GIVEN	DOSAGE: (How much to give)
Special precautions:	Side effects:	
Any other instructions:		
PROCEDURES TO TAKE IN AN EMERGENCY:		

EMERGENCY TELEPHONE NUMBERS: (parent/carers or other contacts)

NAME & RELATIONSHIP TO CHILD	TEL NUMBER

I understand that I must deliver the above medication personally and accept that this is a service which the pre-school is not obliged to undertake.

I give permission for my child to be given the above named medication

Parent/carer's signature:

DOCTOR OR MEDICAL PRACTITIONER'S PRESCRIBED MEDICATION FORM

(Form 2)

To be completed by a doctor (GP, Consultant etc)

CHILD'S NAME	DATE OF BIRTH
	Boy Girl
Address:	

I confirm that I have prescribed medication, for the above named child, which will need/may need to be taken during pre-school hours.

NAME/TYPE OF MEDICINE	WHEN TO BE GIVEN Times/ taken with meals etc.	DOSAGE: (How much to give)
LENGTH OF TIME MEDICATION IS REQUIRED (GIVE DATES)		

Name of prescribing doctor:

Surgery Address:

GP/ OFFICIAL STAMP