



Medication Policy Dazzling Stars

1. Purpose

This policy ensures the safe administration, storage, and recording of all medications given to children while in the care of the nursery. The wellbeing of every child is our top priority, and medication is only administered when absolutely necessary and with full parental consent.

2. Scope

This policy applies to:

All staff members who may be required to administer medication

All children attending the nursery.

All parents/guardians who provide medication for their child.

3. Principles

Medication will **only** be administered when it is **essential** to a child's health or participation in nursery activities.

The nursery will **not** routinely give medication that could be taken outside nursery hours (e.g., once- or twice-daily antibiotics).

Only **prescribed medications** in their original, labelled container will be accepted, unless otherwise agreed (e.g., over-the-counter cream for eczema with written parent permission).

Written **parental consent** is required for all medications.

4. Types of Medication

Prescription Medication:

Must be in the original container with the child's name, dosage, date, and prescriber's details clearly visible.

Will only be given according to the prescribed instructions.

Non-Prescription (Over-the-Counter) Medication:

Will only be administered with written parental consent and at the manager's discretion.

Must be suitable for the child's age and provided in the original packaging.

Emergency Medication:

Includes inhalers, epinephrine auto-injectors (EpiPens), or other doctor-prescribed emergency medicines.

Staff will receive training in their use and these medications will be kept accessible but secure.

5. Parental Responsibilities

Parents must complete and sign a **Medication Consent Form** for each medicine.

The form must include the child's name, medication name, dosage, time(s) to be given, and any possible side effects.

Parents must inform staff of any changes in medication or dosage.

All medication must be handed directly to a staff member—**never** left in a child's bag.

6. Staff Responsibilities

Only **trained and authorised staff** may administer medication.

Staff will check:

The child's identity

The label and expiry date

Dosage and timing instructions

All administrations will be recorded in the **Medication Record Log**, signed by the staff member and, where possible, witnessed by another staff member.

Parents will be informed daily (verbally or in writing) of any medication given.

7. Storage of Medication

Medications will be stored securely in a **locked cupboard** or **refrigerator**, as required.

Emergency medications (e.g., inhalers, EpiPens) will be kept in a designated, clearly labeled area accessible to staff but out of children's reach.

Expired or unused medication will be returned to parents for safe disposal.

8. Record Keeping

The following records will be maintained:

Medication Consent Form

Medication Administration Records

Staff training certificates for administering medicines

Incident/accident reports related to medication errors or reactions

9. Emergency Procedures

In the event of a medical emergency or adverse reaction, staff will:

Call emergency services (999 or local equivalent).

Administer prescribed emergency medication if required.

Inform parents/guardians immediately.

Record the incident in full.

10. Review

This policy will be reviewed **annually** or sooner if legislation, guidance, or best practice changes.

Parental Agreement for Dazzling stars to administer Prescribed medicine.

We will not give your child medicine unless you complete and sign this form. The setting has a policy that staff can administer medicine

Name of setting:

Name of Child.....

Date of birth.....

Class/form.....

Medical condition/illness.....

Medicine

Name/type of medicine

As described on the container

Date dispersed

Expiry

Date.....

Dosage and method.....

Timing

Special precautions

Are there any side effects that the

Setting needs to know about

Contact Details

Name

Day time telephone

Relationship to child

Address

I understand that I must deliver the medicine personally to an agreed member of staff) and accept that this is a service that the setting is not obliged to undertake.

Date

Signature.....

Relationship to

The child