

The Hollies Childcare Facility Medication Policy

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Revision History

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Issue 2	1 st February 2019	Annual Document review
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Gossary

Term	Definition
The Hollies	Refers to the Hollies Childcare Facility
CAO	Chief Administration Officer

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1.0 Overview

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. In order for your child to receive prescribed medication whilst at The Hollies, you must give your written consent by completing and signing the '**Medication Permission Form**' (see Appendix A) and sign the '**Record of Medication Administration Form**' (see Appendix B) on every day the medication needs to be administered.

2.0 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 Hollies Leader must be provided in advance. The registered person will confirm that the administration of medication conforms to the settings insurance cover.

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

- The Hollies Leader will confirm that the administration of medication conforms to The Hollies 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.
- Any new medication to be administered to a child will have the first dose given by the parent/carer.
- If medication is self-administered by the child, this is in line with the written guidance from the parent/carer and with an understanding of the possible side effects of this medication.
- The parent/carer gives written permission before any medication is given. Parents/carers are to administer the first dose during the day. Written details of the exact time the medication was last administered to the child will be obtained from the parent/carer.
- 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 Hollies staff are asked to administer is not out of date.
- Medication to be administered for a prolonged period of time will be subject to regular reviews and consultation with the parent/carer.
- Medicines will be stored in original containers and will be inaccessible to children.
- Written details of the exact time medication were last administered to the child will be obtained from the parent/carer.
- If the administration of prescription medicines requires technical or medical

knowledge then it is the responsibility of the parent/carer to inform the Settings Leader (or senior staff member in the absence of the PIC) 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 in order to administer medication to the child, though this request must be placed in writing and approved by the management committee/CAO and Setting Leader.

- 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 in order to maintain confidentiality.
- Where necessary, The Hollies staff will liaise with school staff to monitor the administration of medicine and the child's needs on a daily basis.

Appendix A Medication Permission Form (Parent/Carer)

Full name of parent/carers completing form.	
Full name of child taking medication	
Date of birth of child (named above)	
Full name of medication to be administered	
Expiry date of medication	
Dates to be administered	From: Until:
Required dose (and frequency)	
Storage instructions	
Other Information/possible side effects	
Purpose of medication	
Does the administration of medicine require technical or medical knowledge	Yes No If yes please give details below
Signature of parent / Carer : _____	
Date: _____	
The Settings Leader name and signature to confirm medication conforms to The Hollies insurance and the Hollies Assistants have received suitable training from a qualified health professional.	
Name: (Please Print): _____	
Signature of The Hollies Leader: _____	
Date: _____	

Appendix B Record of Medication Administered.

Name of child:			
Date last dose given:	Time last dose given:	Date of next dose:	Time of next dose:
Date and time administered:			
Administered By			
Name: (please print)			
Signature:			
Observed by Hollies Staff Member			
Name: (please print)			
Signature:			
Signed by Parent/Carer			
Name: (please print)			

Name of child:
Signature:
Date:

Appendix C Medication Procedure Checklist

- ☐ Medication administered conforms to The Hollies Insurance
- ☐ Permission is received from The Hollies Leader permitting administration
- ☐ Technical/medical knowledge is either not required to administer the medication or training has been provided for staff from a qualified health professional
- ☐ Medicine is provided in original container
- ☐ Medicine is clearly labelled with child's name
- ☐ Medicine has not exceeded the expiry date
- ☐ Special storage requirements noted above are adhered to
- ☐ Possible side effects have been provided
- ☐ All details are completed above including the signature of a fellow staff member witnessing the administration and the parent signs to acknowledge dose administered
- ☐ 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

Signed by The Hollies Leader:

Date: