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**Medication Policy**

Administration of prescribed medication

Children taking prescribed medication must be well enough to attend the setting.

If it is the first time the medication has been prescribed the child must wait 48 hours from the time of the first dose before returning to the setting.

Medication brought in for administration by staff must be named, in date and prescribed for the current condition

Medication (including inhalers) must be handed to a member of staff on arrival and not left in children’s bags.

Prescribed medication must be stored in its original containers and clearly labelled with dosage.

Where possible, the pharmacy label should be attached

Parents must give prior permission by completing the prescribed medication form, on a day by day basis for the medication to be used.

The completed medication form must include the following information:

Child’s name

Date

Dosage

Time/times of administration

Signature of parent/carer

The member of staff administering the medication must also note -

Time of administration given and Dosage.

Signature

If a child requires an epi-pen it will only be administered by a trained member of staff unless there is no alternative in which case, the reasons will be fully documented.

Children using inhalers should ideally ask the doctor for an extra inhaler to be kept here at the Playgroup.

Administration of Emergency Liquid Paracetamol

Every child must have written consent from their parent/guardian for emergency liquid paracetamol use, in case of the child developing pain or fever during the session.

If liquid paracetamol has been administered before arrival to the setting a member of staff must be informed. This will not result in the child being excluded from the session.

The parent/guardian will always be contacted by telephone for additional verbal consent before a staff member will administer the medication.

The dose given will be in accordance with the manufacturer’s guidelines

Emergency liquid paracetamol will only be administered once by the setting.

If we need to administer emergency liquid paracetamol you will be expected to collect your child from the setting as soon as is reasonably possible.

After emergency liquid paracetamol has been administered, there will be a form for the parent/guardian to sign when the child is collected.

Administration of Emergency Piriton

If a child develops symptoms of an allergic reaction whilst they are at the setting, a dose of emergency Piriton will be administered in accordance with the manufacturer’s guidelines

Every child must have written permission for the administration of emergency Piriton.

Where possible verbal consent will also be obtained

In event of a serious allergic reaction the emergency services will be called.

After emergency Piriton has been administered there will be a form for the parent/guardian to sign when the child is collected.

Signed by Manager………………………………………

Date………………………………………………………..

Review date………………………………………………

Emergency Medication Permission Form

I give permission for my child (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive emergency liquid paracetamol in the event of raised temperature or pain. I understand that the dosage will be given in accordance to the manufacturers guidelines. Verbal consent will also be required. I will inform the staff of All Saints Preschool if my child has received liquid paracetamol prior to the session.

Name of parent/Carer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my child (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive emergency Piriton in the event of developing symptoms of an allergic reaction. Dosage will be given in accordance to the manufacturers guidelines. Where possible verbal consent will be obtained. I understand that in the event of a severe allergic reaction the emergency services will be called.

Emergency Medication Administration Form

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication administered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage given\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administered by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prescribed Medication**

Childs name

Date

Name of medication

Prescribed dosage

Time/s of administration

Parent signature

For staff use only

Time medication administered

Dosage

Staff Signature