

ADMINISTRATION OF MEDICINE POLICY

(THIS POLICY APPLIES TO ALL CHILDREN IN THE PRE PREP INCLUDING EYFS)

P066v07

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Compiled by: Assistant Head (Pre-Prep School)

ADMINISTRATION OF MEDICINE IN PRE-PREP (INCLUDING EYFS)

Policy Statement

Gayhurst Pre-Prep (Nursery to Year 2) will administer medicine to children when prescribed by a doctor, dentist, nurse or pharmacist. Medicines containing aspirin will only be given if prescribed by a doctor.

Prescription medicine must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer, including for medicines to treat hay fever or an allergic reaction. Antihistamine eye drops may be administered without a prescription where written permission has been received from the parents.

A child's parents will be informed on the same day each time medicine is administered at school.

The health of all the children is important and we have systems in place to ensure that medication is controlled.

Procedures:

- Children taking prescribed medicine must be well enough to attend school.
- Prescribed medication can be administered and this must be handed directly to the child's teacher on arrival at school.
- The medication will be stored in a locked cupboard or refrigerated.
- Parents are asked to give prior permission for the administration of medicine by completing and signing the school Medication Form, giving child's name, name of medication, dosage to be given and time of dosage (see Appendix A)
- A written medication log is kept in the Pre-Prep Medical room or Nursery.
- A medication slip goes home with the child daily, giving information about the time and dose administered at school. (Appendix D)
- Where a child has diarrhoea or sickness, parents are asked to keep their child at home for 48 hours after the last episode, as per Government guidelines.

Asthma:

 If a child needs to use their inhaler at school parents must complete an 'Administration of Asthma Inhaler at School' form. (Appendix B) A log is completed, and a form is also sent home each day, informing parents of the dosage given. (Appendix E)

EpiPens:

As part of their first aid training, all staff are trained in the uses of EpiPens.

If a child is required to carry an EpiPen, parents should complete a 'Request and Authorisation for the Administration of an EpiPen at School' form. (Appendix C) Children should have two EpiPens in school.

Fever:

If a child requires Calpol for a fever before school they should stay at home.

Appendix A: Medication Form

GAYHURST SCHOOL MEDICATION FORM

CHILD'S NAME FORM
If it is necessary for your Pre-Prep child to be given any medication at school, please complete this form and give it with the medication to your child's form teacher. Please note that Pre-Prep staff will only administer medication prescribed by a doctor, dentist, nurse or pharmacist for a current condition, or antihistamine medication for an allergic reaction or hay fever. Any medication containing aspirin can only be administered if prescribed by a doctor. Antihistamine eye drops may be administered to treat hay fever without a prescription.
All medication must be in its original container or packaging and clearly labelled for your child's safety. Any unidentified medication will not be administered.
I agree to a member of staff administering the following medication to my child:
MEDICATION
REASON FOR MEDICATION
•••••••••••••••••••••••••••••••••••••••
ORAL MEDICATION DIRECTIONS:
SIGNED DATE
PRINT NAME
(FIRST AIDER - PLEASE COMPLETE FORM OVERLEAF WHEN ADMINISTERING MEDICATION AND ENSURE THAT THE PARENT/CARER IS INFORMED THAT THE MEDICATION HAS BEEN ADMINISTERED ON THE SAME DAY) ADMINISTERING OF PRESCRIBED MEDICATION

DATE	MEDICINE	DOSAGE	SIGNED

Appendix B: Administration of Asthma Inhaler

ADMINISTRATION OF ASTHMA INHALER AT SCHOOL

CHILD'S NAME		• • • • • • • • • • • • • • • • • • • •	FORM .	• • • • • • • • •
INHALER TYPE:	PREVENTOR		RELIEVER	
REASON FOR INHA	LER	•••••		• • • • • •
FREQUENCY				
DOSAGE				
MAXIMUM DOSES I	PER DAY			
TIME (IF APPROPRI	ATE)			
SIGNED			DATE	
PRINT NAME				
Please note that your c	child should have two	inhalers at	school:	
Pre-Prep – One inhaler Prep School – Children Whole School – School	n to keep an inhaler v	with them at		

Appendix C: Request & Authorisation for Epipen Administration

REQUEST & AUTHORISATION FOR THE ADMINISTRATION OF AN EPIPEN AT SCHOOL

I agree to a member of staff administering the supplied Epipen to my child in an emergency. Epipens are always administered by an adult:

CHILD'S NAME .	FORM
REASON FOR EP	IPEN
SYMPTOMS	
ADDITIONAL ME	DICATION
••••	•••••••••••••••••••••••••••••••••••••••
DIRECTIONS FO	R ADMINISTERING ADDITIONAL MEDICATION
••••	
••••	
Signed	Date
Print Name	••••••••••••
JPre-Prep: Year 3 - 6:	Carried in a waist pack at all times by the child. Kept in the First Aid Room

Appendix D: Medication Dosage



Medication Dosage

me: lool today.		has had his/her medicatio		
Date	Time	Dosage	Signature	



Medication Dosage

Name: has had his/her medication at school today.

Date	Time	Dosage	Signature

Appendix E: Inhaler Use

Inhaler Use

Name:	has	used	his/her	inhaler	at
school today.					

Date	Time	Dosage	Signature



Inhaler Use

Name: has used his/her inhaler at school today.

Date	Time	Dosage	Signature