

ADMINISTRATION OF MEDICINE POLICY

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

P066v08

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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 school office 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 medication log is kept on Medical Tracker.
- Every dose given to a child is logged on Medical Tracker and an email is sent to parents giving information about the time and dose administered at school.
- 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 medication log is completed on Medical Tracker and an email is sent informing parents of the time and the dosage given.

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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 |
|--|---|
| school, please complete this your child's form teacher. Pleadminister medication prescripharmacist for a current concallergic reaction or hay fever only be administered if prescriptions. | Prep child to be given any medication at form and give it with the medication to ease note that Pre-Prep staff will only ribed by a doctor, dentist, nurse or dition, or antihistamine medication for an antihistamine aspirin can be treat hay fever without a prescription. |
| | original container or packaging and d's safety. Any unidentified medication |
| I agree to a member of staff my child: | administering the following medication to |
| MEDICATION | •••••••• |
| REASON FOR MEDICATION | ••••••••••••••••••••••••••••••••••••••• |
| | ••••••••••••••••••••••••••••••••••••••• |
| ORAL MEDICATION DIRECTION | IS: |
| ••••• | ••••••••••• |
| SIGNED | DATE |
| PRINT NAME | •••••••••••• |
| | log on Medical Tracker and email parents, ed medication has been administered. Please give |

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details of time and dosage.

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 | PER DAY | | | |
| TIME (IF APPROPRI | ATE) | | | ••••• |
| SIGNED | | | DATE | |
| PRINT NAME | | | | |
| Please note that your c | hild should have two | inhalers at | school: | |
| Pre-Prep – Kept in the Prep School – Children Whole School – School | n to keep an inhaler v | | | |

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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 NA | AME FORM |
|------------|---|
| REASON FO | OR EPIPEN |
| SYMPTOMS | |
| | •••••• |
| ADDITIONA | L MEDICATION |
| | |
| DIRECTION | S FOR ADMINISTERING ADDITIONAL MEDICATION |
| | •••••• |
| | |
| Signed | Date |
| Print Name | 2 |
| Pre-Prep: | Kept in the First Aid Room and taken to lunch by class teacher. |
| Prep: | Kept in the First Aid Room |

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