**Homerton Early Years Centre**

**Medicine Policy**

The following advice applies to staff and children in the nursery school, The Nests and Owlets. Staff will only administer prescribed medicines in accordance with the following:

* Parents have completed a Medical Consent Form and the medication is properly labelled and in its original container. Parents have explained procedures for its administration to relevant staff.
* All named prescribed medicines are stored according to guidelines on the container.
* Medicine will only be dispensed by a qualified member of staff (ie not students or volunteers) or witness self administration for each child concerned)
* Medicine is only administered when two members of staff have checked the details (name, amount, date and time)
* Any medicine administered is recorded. See example forms attached for short and longer term medical administration.

If a child refuses medication, staff will not attempt to force them to take the medication. The Head of Centre and parents will be informed and the incident noted on the child’s consent form.

No medicines will be routinely administered e.g. Calpol for headaches etc.

**Acute Allergic/Anaphylactic reaction to known substances**

Staff must access training for complex medical needs.

If a child attends with an allergy (medically determined), all staff will receive suitable training; know where the emergency kits are kept with full instructions kept by each phone. If staff are not trained where the child has complex medical needs; it may be necessary for the child not to attend until training has taken place.

**Asthma**

The preceding guidelines will also apply to asthma inhalers.

A child with asthma will be treated the same as all children and encouraged to participate fully in all aspects of centre life.

Staff will be familiar with the trigger factors that may induce an attack and as far as possible, keep the school environment as friendly as possible for children with asthma.

We will help all children to understand what asthma is, and how they can help their friends with asthma.

We work in partnership with parents, governors, health professionals and staff to promote this policy

Enable children to have immediate access to inhalers;

These are stored securely in the teacher’s cupboards/boxes;

Inhalers are labelled by parents with the child’s name including directions for use and frequency of dose;

Parents are responsible for ensuring sufficient quantities of medicine and that it is up to date

Parents have provided written consent for staff to supervise use of inhalers.

In this case of self administration by the child, a member of staff will oversee this.

## Homerton Children’s Centre – Medicine Consent Form

**Name of Child:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Medicine anddosage to begiven | Times tobe given | Time previously given | Parent/carerConsent(signature) | Administered by (staff signature) dosage and time given | Witnessed by 2nd staff (signature) | Parent/carersignature |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

 Medical Consent Form

 I give permission for my child to receive a named prescribed medicine by a member of staff

Child’s name:………………………………………………………………………………………………………

Date of birth:………………………………………………………………………………………………………

Parents name:………………………………………………..……………………………………………………….

Address:…………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………

Telephone number(s):……………………………………………………………………………………………..

Doctor:…………………………………………………………………………………………………………………………

Doctor telephone number:………………………………………………………………………………..

|  |
| --- |
| InstructionsName of medicine:………………………………………………………………………………………Where to be stored:…………………………………………………………………………………..Dosage:…………………………………………………………………………………………………………..Time to be given:…………………………………………………………………………………………. |

I undertake to ensure that the school has adequate supplies of the medication.

I undertake to ensure that the medication supplied by me and prescribed by my child’s doctor is correctly labelled, in date, with storage details attached and that the school will be informed of any changes.

Signed:…………………………………………………………………… Date:……………………………………

Name: Medication: To be given: Dosage:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| WeekBeginning: | Monday | Tuesday | Wednesday | Thursday | Friday |
|  | Staff: | Staff: | Staff: | Staff: | Staff: |
| Parent: | Parent: | Parent: | Parent: | Parent: |
|  | Staff: | Staff: | Staff: | Staff: | Staff: |
| Parent: | Parent: | Parent: | Parent: | Parent: |
|  | Staff: | Staff: | Staff: | Staff: | Staff: |
| Parent: | Parent: | Parent: | Parent: | Parent: |
|  | Staff: | Staff: | Staff: | Staff: | Staff: |
| Parent: | Parent: | Parent: | Parent: | Parent: |
|  | Staff: | Staff: | Staff: | Staff: | Staff: |
| Parent: | Parent: | Parent: | Parent: | Parent: |
|  | Staff: | Staff: | Staff: | Staff: | Staff: |
| Parent: | Parent: | Parent: | Parent: | Parent: |
|  | Staff: | Staff: | Staff: | Staff: | Staff: |
| Parent: | Parent: | Parent: | Parent: | Parent: |