



**Stockingford  
Nursery School**

# **MEDICATION POLICY**

**Passed and adopted by Governing Body:**

**Signed:** *R. C. Long*

**Dated: 01.02.2025**

Reviewed: February 2025  
Next Review: February 2027

## Medication Policy

A number of children, because of a medical condition, will require medication whilst at Stockingford Maintained Nursery School.

- Parents/Carers who wish the Nursery School to administer prescribed medication are required to complete and sign a consent form and medical record in order for their child to be given medication. School staff can only administer the dosage requirements specified on the label provided by the medical professional prescribing.
- Signed consent should also be given for sun creams and nappy creams to be used. Parents/carers should provide these and write on the child's full name. Other over the counter medication will not be given.
- Any prescribed oral or topical medication should be administered or witnessed by a member of staff with qualified teacher status (QTS) or as assigned by the Headteacher as competently trained to administer the medication. Parents/carers should sign the medical record when they collect their child.
- Application of non-prescription nappy creams should be recorded by the member of staff administering the cream if required during the nappy change. Parents/carers should sign the record when they collect the child.
- In some cases professional training from healthcare professionals or online medical training will be given on the use of prescribed medication, e.g. Diabetes and Epi-pens/Jext pens. Parents/carers would also be able to demonstrate the way in which they administer medication to their children.
- All medicines will be securely stored and monitored to check end date. Long term medications expiry dates will be logged on the school's medical tracker. Medicine that requires storage in a cool place, such as antibiotics, will be kept in the fridge.
- When a parent/carer requests that their child uses a prescribed inhaler, staff must clarify whether this is because the child has breathing difficulties or has a diagnosis of asthma. A child with a diagnosis of asthma would require a care plan to be in place from their health visitor before they were able to begin their Nursery sessions and stay independently on the school site. All inhalers require a signed consent form from parents/carers. Children with required medication identified by parents/carers and reported on the school's medical forms will be required to have their medication at school each day the child attends to safeguard them and ensure their medical needs are been met.

**CONSENT FOR THE ADMINISTRATION OF**  
**MEDICATION IN NURSERY**

*In order for your child to be given any medication by staff members the following information is required to be completed by the parent/carer and handed to the Education Manager. If there are any changes in medicines or doses to be given then these must be notified immediately. All medication given by staff will be noted on the medication record sheet.*

**Name of child:** \_\_\_\_\_

**Name of Medicine:** \_\_\_\_\_

**Reason for giving Medicine:** \_\_\_\_\_

<b>Please include full details as given on the container label issued by the pharmacist</b>			
<i>Name of medicine</i>	<i>Dose</i>	<i>Frequency/ times</i>	<i>Date of completion of course</i>
<b>A:</b>			
<b>B:</b>			
<b>C:</b>			
<b>Special Instructions:</b>			
<i>Additional information (about the medicine):</i>			

Any prescribed medicine must be supplied in a container clearly labelled (by the pharmacist) with the name of the medicine, full instructions for use and the name of the child. The nursery will refuse to administer any medicines supplied in inappropriate containers.

**This form should be renewed by the parent/carer if there are any changes to a child's medication.**

**Parent/carer signature:** \_\_\_\_\_

**Name (block capitals):** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_ **Date:** \_\_\_\_\_





Parent Permission to administer medicine

Name of Child:.....

I give permission for Nursery staff to give:

.....(dosage) of.....(medicine) on.....(date) at.....(time)

I last administered this medicine on .....(date) at.....(time).

Parent name:.....

Parent Signature:.....

Medicine administered by staff

.....(dosage) of .....(medicine) given on.....(date) at.....(time)

Staff Signature.....

Witness Signature.....

Parent Signature.....

Parent Permission to administer medicine



Name of Child:.....

I give permission for Nursery staff to give:

.....(dosage) of.....(medicine) on.....(date) at.....(time)

I last administered this medicine on .....(date) at.....(time).

Parent name:.....

Parent Signature:.....

Medicine administered by staff

.....(dosage) of .....(medicine) given on.....(date) at.....(time)

Staff Signature.....

Witness Signature.....

Parent Signature.....

Parent Permission to administer medicine



Name of Child:.....

I give permission for Nursery staff to give:

.....(dosage) of.....(medicine) on.....(date) at.....(time)

I last administered this medicine on .....(date) at.....(time).

Parent name:.....

Parent Signature:.....

Medicine administered by staff

.....(dosage) of .....(medicine) given on.....(date) at.....(time)

Staff Signature.....

Witness Signature.....

Parent Signature.....