



FRANCIS HOLLAND SCHOOL

SLOANE SQUARE

Name of Policy

Author

Committee Approval

Date of Last Revision

Date of Next Review

Date of Next SLT Approval

Regulation Number

Regulation Description

EYFS Administering Medicines

Head of Junior School

SLT

Autumn 2022

Autumn 2024

Autumn 2024

3.44 E221

Early Years Foundation Stage

Section 3 The Welfare

Requirements

Policy for the administration of
medicines

Revision History

This section should be completed by the reviewer each time this policy is reviewed

Changes made	Date
Full review and revamp of policy	Autumn 2022

Availability of this document:

Copies of this document are available on Firefly or on request from the school office, Francis Holland School, 39 Graham Terrace, London SW1W 8JF.

EYFS Administering Medicines

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the Reception Class, we will agree to administer medication as part of maintaining their health and wellbeing or when they are recovering from an illness.

In many cases, it is possible for the children's GP to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done when it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, it is advised that the parent keeps the child at home for 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with current guidance, the 'DfE Statutory Framework for EYFS', paragraphs 3.46 and 3.47.

Procedures

- Children taking prescribed medication must be well enough to attend school.
- Only prescribed medicines are administered. It must be in date and prescribed for the current condition.
- Children's prescribed medicines are stored in their original containers, are clearly labelled, and are inaccessible to the children.
- Parents give written permission for the administration of medicines. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:-
 - ✓ Full name of child and year group;
 - ✓ Name of medication and strength;
 - ✓ Who the medication is prescribed by;
 - ✓ Dosage to be given in the setting;
 - ✓ Time of Dosage;
 - ✓ Length of treatment;
 - ✓ Whether the medication requires refrigeration;
 - ✓ How the medicine is to be administered, e.g., by mouth;
 - ✓ Signature, printed name of parent and date;
- Medication is only administered when two members of staff are present.
- The administration is recorded accurately each time it is given and it is signed by staff.
- We keep a record of these forms in a file. Staff are informed of this procedure at their induction and shown all the forms that are required.

Storage of Medicines

- All medication is stored safely and is labelled. Any medication requiring refrigeration is stored in the fridge in the Junior School Office. Other Junior School medicines are kept in a locked cupboard in the Junior School Office.
- The key person for EYFS is responsible for ensuring medicine is handed back at the end of each session to the parent/carer.
- For some conditions, prescribed medication may be kept in the setting. The Junior School Administrator checks that any medication held to administer on an as-and-when basis, or on a regular basis, is in date and returns any out of date medication back to the parent/carer.
- Staff are informed of medication storage at their induction; any changes that are made are informed to all staff at our minuted staff meetings.
- No children may self-administer.



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ADMINISTRATION OF MEDICINES FORM
(EYFS)

Daughter's Name _____ Year _____

Name of Medication and strength _____

Medication prescribed by _____

Dosage _____

Time of Dosage _____

Length of treatment _____

Requires refrigeration? Yes No

How the medicine is to be administered, _____
e.g., by mouth, in the ear, nasally, etc.

Today's Date _____

Parent/Guardian Name and Signature _____

.....
For Staff Use –

Medicine administered by _____

Time _____ Date _____

Signed _____

Witnessed by _____