



**DANESHILL SCHOOL**

**EYFS ADMINISTRATION OF MEDICINE  
POLICY**

**Updated: November 2021  
Review date: November 2021**

## DANESHILL EYFS MEDICINE POLICY

- Daneshill School promotes the good health of children attending the setting. They have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, taking necessary steps to prevent the spread of infection and take appropriate action if children are unwell.
- Daneshill implements a policy and procedures for administering medicines. It must include systems for obtaining information about a child's needs for medicines and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Medicines **must not usually be administered** unless they have been prescribed by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).
- Medicines (both prescription and non-prescription) 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. **This permission must be given on a daily basis.** Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable. Children who have been given a prescription for antibiotics must be kept at home for **48 hours** after starting the course of treatment. This is in case of a reaction to the medicine.

A medication consent form has to be completed if a member of staff is required to administer medicines to children within the Early Years.

Office staff are first aid trained and are responsible for administering medicines across the school. Medicines are stored in a locked away cabinet/fridge in the main school building out of the reach of all children. The administration of medicine must be logged in the office by the first aider for records. A slip must also be completed and signed and passed onto the parent/carer to confirm the administration of medicine. Should Mrs Moncrieff be unavailable, one of the qualified Pre-Prep members of staff or another member of the office team, will administer the medicine and fill in the appropriate paperwork. First aiders, along with specialist paediatric first aiders are on hand to administer medicine and first aid to children within the EYFS.

Parents can sign a consent form to allow their child to be given Calpol while in school. This consent form must be renewed on a yearly basis. If Calpol, Nurofen or Piriton is administered, an Accident/Illness/Incident Report Slip is completed and given to the parents. A duplicate is also kept on record.

Procedures for children having time off school are detailed in the parent handbook.

### PUPILS WITH ONGOING MEDICINES IN SCHOOL

We currently have children in the EYFS who have medication kept in school. This includes Epi-Pens and inhalers. Epi-Pens and inhalers are named, dated and labelled and are kept in an accessible, yet safe place within a locked cabinet. All qualified first aiders have had Epi-Pen training and are qualified to administer both the Epi-Pens and inhalers. The Epi-Pens and inhalers must only be given to the children named on the medication and be administered by one of the first aid qualified members of staff. Dates of medication are checked at the start of each term.

### Early Years Foundation Stage – Parental Agreement

I understand that that Daneshill School can only administer medication prescribed by a registered General Practitioner. As the parent/guardian of the child named below, I give my permission for the Practitioner in charge and one other member of school staff to administer the prescribed medicine.

**All medicines should be supplied in the original containers, stating who they are prescribed for and dosage information.**

Daneshill School cannot be held responsible for any reaction or side effects that a child may suffer as a result of taking the medication prescribed.

Please note that the staff cannot give medication if this form is not clearly completed and signed by the parent or guardian.



## Daneshill School

Stratfield Turgis, Hook, Hampshire RG27 0AR  
Telephone: 01256 882 707 Email: office@daneshillprepschool.com

### Request for staff to administer medicine

Parents should advise the School Secretary of any medication that their child has brought into school. If they have a medical condition which necessitates regular access to medication, please also inform the Form Tutor so that an appropriate regime can be devised. The relevant academic and pastoral staff will be informed, in confidence, of any condition that is likely to affect the child in any area of school life.

All parents of new pupils are requested to complete and return the following form to the School Office.

**Pupil Name:** ..... **Form:** .....

#### Medical Information

Name of medication: .....

Dose required: .....

Time required: .....

Period of medication (*please enter dates*): .....

.....

Doctor's Name: .....

Doctor's Tel: .....

#### Parent Declaration

I authorise Daneshill School staff to administer prescribed medication to my child, according to these instructions and only for the period stated.  
I agree that the medication will be clearly marked with my child's name and dosage.  
I understand that all medication must be delivered directly to the School Secretary in the School Office immediately upon arrival at School.

**Signed:** ..... **Date:** .....

(*Person with parental consent*)

**NEXT OF KIN INFORMATION**  
(who the School should contact in the event of an emergency)

**Next of Kin 1 Information**

Name: .....

**Confidential Pupil Details**

All schools, including EYFS providers, are required to maintain relevant health and welfare information about their pupils in order that their individual health and welfare needs can be met. Parents who have accepted a place at the school must complete the following medical questionnaire on their child before they join the school. It is vital that you inform the school of any situations where special arrangements may be needed in relation to your child.

Address: .....  
.....

Home Tel: ..... Work Tel: .....

This form is used to provide information for our Pupil Records and for our staff. The School Office will provide a list of the names of current pupils with medical conditions, or social information of a sensitive nature that may be of relevance to staff in their dealings with pupils, for example, when arranging trips and visits. The Catering Staff are given the names of pupils with food allergies.

Mobile: ..... Email: .....

**Next of Kin 2 Information** *(optional)*

Name: .....

**Please note that the details on this form are for internal School use only and are kept in the strictest confidence in the School Office.**

Address: .....

Name of Pupil: ..... Date of Birth: .....

Start Date: ..... Year Group: .....

Home Tel: ..... Work Tel: .....

Mobile: ..... Email: .....

**Signed:** ..... **Date:** .....

(Person with parental consent) *Please continue on next page*

## MEDICAL INFORMATION

Name and address of Family Doctor:

.....

Tel: .....

### Medical History

Has your child suffered from any of the following?: *(please circle as appropriate)*

1. Asthma or bronchitis YES/NO
2. Allergies to any known medicine YES/NO
3. Heart condition YES/NO
4. Any other allergies (fabric, food, nuts, plasters etc) YES/NO
5. Fits, fainting or blackouts YES/NO
6. Other illness or disability YES/NO
7. Severe headaches YES/NO
8. Travel sickness diabetes YES/NO

If the answer to any of the above is YES, please give details below:

.....  
.....  
.....

9. Is your child taking any regular medication? YES/NO

If the answer to 9 is YES, please give details below:

.....  
.....

Please note that you will need to complete the 'Request to Administer Medicine' form, obtained from the School Office, as/when medication is to be administered within school hours.

10. Does your child wear a dental appliance? YES/NO
11. Does your child wear glasses? YES/NO
- 12.

## MEDICAL CONSENTS

### Parental Consent to Administer Mild Painkillers / Antihistamine

If it is considered necessary, do you agree to mild painkillers (Paracetamol< Nurofen or Calpol) or antihistamines (Piriton) being administered? YES/NO

### Parental Consent for Emergency Treatment

In the event of an emergency, I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including general anaesthetic and surgical procedure or blood transfusion, as considered necessary by the medical authorities present.

**Signed:** ..... **Date:** .....

(Person with parental consent)

In the event of any illness or medical treatment occurring after the return of this form, I undertake to inform the School.

**Signed:** ..... **Date Form Completed:** .....  
*(Person with parental consent)*

**DIETARY INFORMATION**

Please only complete this section of the form **if your child has a known food allergy or special dietary requirement.**

It is important that the School keeps detailed, current records in order that we provide a catering service that meets the requirements of all our pupils. This information will be passed to our catering department who may request further details.

Does your child have any special dietary requirements? YES/NO

If YES, please give details below:

.....  
.....  
.....  
.....

I enclose a note from my doctor/dietician with additional information.

YES/NO

**Signed:** ..... **Date:** .....  
*(Person with parental consent)*

**FAMILY INFORMATION**

Are there any special family details we should be aware of? YES/NO

*(For example, parents separated/divorced/bereaved?)*

If YES, please give details below:

.....  
.....  
.....  
.....

**Signed:** ..... **Date:** .....  
*(Person with parental consent)*