

Becky's Childminding

Medication policy and procedure

Any medication that needs to be administered to a child in my care should be signed in and out by the parent. A medicine form should be completed stating all I need to know on dosage, times etc. Any time I administer prescribed medication I will record time date, and dosage.

Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the and/or carer. Providers must keep a written record each time a medicine is administered to a child. (Statutory Framework for the Early Years Foundation Stage. Setting the standards for learning, development and care for children from birth to five)

Prescribed medications are licensed medications and treatments 1 authorized by medical practitioners, dentists, and pharmacists.

Any medication given will be stored as stated and kept in a locked non portable container, except those medications that need to be stored in the fridge. These medications will be kept on the top shelf out of children's reach. Any medication will only ever given as prescribed. Safe place away. If the medication is inhalers or Epipens these will be kept in a safe but accessible place in case of emergency.

Older children will be made aware of where they are kept for emergencies if for other children in my care.

Older children who are able to self administer their own inhalers, epipens etc will know where they are kept for easy access.

Appropriate training will be undertaken in order to be competent if having to administer certain medication or treatment. This could be such things as epipens for allergies, injections for diabetes, inhalers for asthma or other medications that treat serious illnesses or on going treatments. Written evidence of any training undertaken will be obtained from medical instructor.

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MEDICINE FORM

Name.....
...

Medicine/cream.....

Form of medication (syrup, drops, inhaler etc).....

Dosage.....

Reason for medication.....

Prescribed by(if applicable).....

Frequency.....
.....

Date medicine/cream was supplied.....

Expiry
date.....

I hereby give my consent for Becky Dodd to administer the above medication/cream to my child as stated in the frequency section.

SignedDate

Please print name.....

Relationship to child.....

DATE	TIME	DOSE	SIGNED
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