

# Staff Dispensing Medication to Children.

## Information to Parents.

The Lyme Nursery recognises that from time to time children may require medication to be administered by our Nursery nursing staff.

It is vitally important from the point of view of individual health care and the Nursery's professional insurance limitations that all parents read and understand the following guidelines before requesting Nursery staff to administer any medicines to your child.

If you are unsure about any aspect of the Nursery administering medication to your child you are urged to receive clarification from your G.P., pharmacist or other recognised medical advisor. The Nursery will only act upon your instructions and cannot assume the unqualified responsibility of a medical advisor.

The Nursery has a series of Dispensing Medication forms each of which are included in parents' New Starter Packs and require parent completion to cover each child's entire Nursery placement period.

- **Prescription Medication** -  
Medicine prescribed to a child by a G.P.; consultant; or medical authority. This may include medicines, creams, inhalers etc.
  
- **Non - Prescription Medication** -
  - e.g. Calpol or paracetamol substitute
  - Cough mixture
  - Teething gel

Please ensure that you complete and sign the above forms for your child and return them to the Nursery.

It is also important that we are kept informed of any changes or updates to your child's medical requirements or allergic reactions etc.

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## **IMPORTANT**

It is absolutely vital that the Nursery has a current emergency telephone number for the event of necessary communication with families if a child becomes ill during a nursery day.

Similarly it is also important that the Nursery holds up-to-date doctor contact information, particularly if a child might require immediate hospital treatment and their subsequent need for a child's records would likely be requested from the appropriate G.P.

## **BRINGING MEDICATION TO THE NURSERY**

If you bring medicines etc. into the Nursery please adhere to the following guidelines:

- Hand the medication to a member of staff; avoid leaving in child's bag for later use.
- Enter the following details into the child group's Medicine Book:
  - Name of child
  - Name/description of medicine
  - Dosage: amount and how often
  - Expiry date of medicine
  - Current date
  - Parent signature
- When collecting your child please ensure that you sign the Medicine Book once again and acknowledge any changes to your instructions,  
e.g. change of time that medicine was administered etc.
- Remember to take your child's medicine with you. Staff will endeavour to hand back medicines or place in children's bags, however it is the parent's responsibility to check its return.

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## **ANTIBIOTICS**

If your child is prescribed antibiotics it is required that parents arrange family supervision for the first 24 hours. This day's exclusion is to ensure that if a child has an allergic reaction to the particular antibiotic there is someone on hand to deal with the allergy.

There may be subsequent occasions where the child may be given a repeat prescription for an identical antibiotic. On such occasions it may be possible for the child to attend Nursery from the start of the course of the prescription if the child is sufficiently well. Advice should be sought from Nursery Senior Management should this circumstance arise.

## **LONG-TERM MEDICATION REQUIREMENTS**

There may be a situation where a child requires to receive medication; inhalers; creams etc. each day over an extended period of time or in some cases indefinitely e.g. diabetic treatment.

Where a child requires long-term medication assistance please ensure that the Long-Term Medication section of the child group's Nursery Medical Book is completed.

## The Lyme Nursery

### Medication Form: Prescription Medication

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parents are required to complete the following statement confirming either **AUTHORISATION** or **NON-AUTHORISATION** of the Nursery's administering medicines to their child.

#### **AUTHORISATION**

I, (parent) \_\_\_\_\_, give my consent to the Lyme Nursery to administer medicines that are provided by myself to (child's name) \_\_\_\_\_ and I confirm that medication will be prescribed by my child's G.P.; consultant or medical advisor.

I understand that I must inform the Nursery of any known allergies to medications prescribed to my child.

I confirm that I am required to complete and sign as detailed the child group Medicine Book, particularly with regard to size and frequency of medication dosage.

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Relation to Child:** \_\_\_\_\_

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#### **NON-AUTHORISATION**

I, (parent) \_\_\_\_\_, do not give my consent for the Lyme Nursery to administer any medication whatsoever to (child's name) \_\_\_\_\_ at any time.

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Relation to Child:** \_\_\_\_\_

## The Lyme Nursery

### Medication Form: Non-Prescription Medication Cough Mixture

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parents are required to complete the following statement confirming either **AUTHORISATION** or **NON-AUTHORISATION** of the Nursery's administering medicines to their child.

#### **AUTHORISATION**

I, (parent) \_\_\_\_\_, give my consent to the Lyme Nursery to administer cough mixture provided by myself.

I confirm that I am required to complete and sign as detailed the child group Medicine Book upon collection of my child.

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Relation to Child:** \_\_\_\_\_

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#### **NON-AUTHORISATION**

I, (parent) \_\_\_\_\_, do not give my consent for the Lyme Nursery to administer cough mixture to my child at any time.

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Relation to Child:** \_\_\_\_\_

## The Lyme Nursery

### Medication Form: Non-Prescription Medication Teething Gel

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parents are required to complete the following statement confirming either AUTHORISATION or NON-AUTHORISATION of the Nursery's administering medicines to their child.

#### AUTHORISATION

I, (parent) \_\_\_\_\_, give my consent to the Lyme Nursery to administer teething gel provided by myself or the Nursery.

I confirm that I am required to complete and sign as detailed the child group Medicine Book upon collection of my child.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

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#### NON-AUTHORISATION

I, (parent) \_\_\_\_\_, do not give my consent for the Lyme Nursery to administer teething gel at any time.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

## The Lyme Nursery

### Medication Form: Non-Prescription Medication Calpol (paracetamol substitute)

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parents are required to complete the following statement confirming either **AUTHORISATION** or **NON-AUTHORISATION** of the Nursery's administering medicines to their child.

#### **AUTHORISATION**

I, (parent) \_\_\_\_\_, give my consent to the Lyme Nursery to administer Calpol or equivalent paracetamol substitute that is provided by myself or the Nursery to (child's name) \_\_\_\_\_. I understand that the Nursery will try to contact me prior to administering this medication.

I confirm that I am required to complete and sign as detailed the child group Medicine Book upon collection of my child.

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Relation to Child:** \_\_\_\_\_

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#### **NON-AUTHORISATION**

I, (parent) \_\_\_\_\_, do not give my consent for the Lyme Nursery to administer Calpol or paracetamol substitute whatsoever to (child's name) \_\_\_\_\_ at any time.

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Relation to Child:** \_\_\_\_\_