



## Illnesses Accidents and Incidents

### Medicine Policy

I am happy to give your child non-prescribed medication, such as cough mixture, Calpol or Nurofen, teething gel etc, but only if you have signed a parental permission form for me to do so.

A full list of every non-prescribed medication I have in my setting and that may be given to your child is listed within the parental permission form.

This permission form will be regularly reviewed to ensure that there are no changes, for example a child may no longer be able to take some medication or may need an additional form.

It is vital that you inform me of any medication you may have given your child before they arrive into my care. I need to know what medicine they have had, the dose and time given.

I will ensure that all medication given to me will be stored correctly and I will check that it is still within its expiry date,

If your child has acute allergies and carries/needs an epipen or your child takes regular medication please discuss the matter with me. I may need additional training to administer these forms of medication before I can look after your child.

If your child needs to take medication prescribed by a doctor, please discuss this with me. I will need you to sign an additional permission form before I can administer this medication to your child.

In some cases a child on antibiotics may be asked not to attend for 2-3 days in case they react to the medication and to prevent the spread of an infection to others, I will follow the guidance set out by the HPA - Health Protection Agency where they detail the most common infectious diseases and the recommended periods for which children should be kept away from school or nursery.

All medicine given to me to administer must be in its original bottle/container and not decanted. It must have the manufacturers guidelines on it and if a prescription medication the details from the Doctor / Pharmacy / Dentist or Health Professional.

I will record the course of medication along with the date and time each dose was administered to your child onto the Baby's Days system and request a parental digital signature at the end of the course of medication.

#### NON PRESCRIPTION MEDICATION PERMISSION

I CONFIRM THAT I HAVE READ AND AGREED TO THE SETTING MEDICINE POLICY.

I GIVE PERMISSION FOR YOU TO ADMINISTER THE FOLLOWING AGE RELATED NON PRESCRIPTION MEDICATION IF MY CHILD REQUIRE IT

#### CALPOL

I UNDERSTAND THAT THE CHILDMINDER WILL ONLY ADMINISTER THE MEDICATION IN ORDER TO RELIEVE MY CHILDS IMMEDIATE SUFFERING AND THAT I MAY BE CONTACTED TO COLLECT THEM AND SEEK MEDICAL SUPPORT IF REQUIRED.

I UNDERSTAND THAT THE CHILDMINDER WILL CONTACT ME VIA PHONE/TEXT PRIOR TO ADMINISTERING THE MEDICATION.

PARENT/CARER SIGNATURE:

DATE: