

Little Acorns Montessori

Ascot | Bracknell | Crowthorne

MEDICATION PROCEDURE POLICY

Administering Medicines to Children in Our Care

Document Control

Version	Date Issued	Review Date	Author	Summary of Changes
1.0	June 2026	June 2027	Jonathan Duffy	Original Document.
1.1	June 2026	June 2027	Jonathan Duffy	Minor clarifications to emergency pain relief procedure and storage requirements.
1.2	June 2026	June 2027	Jonathan Duffy	Section 4.2 (Antibiotics): blanket 24-hour exclusion rule replaced with illness-specific UKHSA guidance, consistent with Sick/Absent Child Policy v1.2. Section 10.2: medication records retention updated from 25th birthday to 21st birthday, reflecting the personal injury limitation period under the Limitation Act 1980. References updated to align with retirement of Health and Illness Policy v1.0.

1. Policy Statement

Little Acorns Montessori is committed to the health, safety, and well-being of every child in our care. We recognise that some children may require medication during their time at the nursery to maintain their health or to support recovery from illness.

This policy sets out our procedures for the safe, consistent, and lawful administration of medication. It has been developed in accordance with the DfE Statutory Framework for the Early Years Foundation Stage (EYFS) 2025 and all applicable UK legislation. It applies to all children attending Little Acorns Montessori at our settings in Ascot, Bracknell, and Crowthorne.

The nursery will not administer medication without prior written consent from a parent or guardian. No medication will be administered by a single member of staff; all administration must be witnessed and countersigned by a second member of staff.

In line with EYFS paragraph 3.58, Little Acorns Montessori also promotes the oral health of all children in our care. Matters relating to oral health promotion are addressed in our Oral Health Policy. Any dental medication prescribed for a child will be administered in accordance with the procedures set out in this policy.

This policy should be read alongside the Safeguarding and Child Protection Policy, Sick/Absent Child Policy, Sun Safety Policy, and Individual Health Care Plans.

2. Statutory Framework

This policy fulfils the following requirements of the EYFS Statutory Framework for Group and School-Based Providers (DfE, effective 1 September 2025):

- Paragraph 3.58 — Providers must promote the good health, including the oral health, of the children they look after.
- Paragraph 3.59 — Providers must have a procedure, discussed with parents and/or carers, for taking appropriate action if children are ill or infectious. This must include steps to prevent the spread of infection.
- Paragraph 3.60 — Providers must have and implement a policy and procedures for administering medicines. This must include systems for obtaining and keeping up to date information about a child's need for medicines.
- Paragraph 3.61 — Where a child is prescribed medication, the provider must obtain written permission from parents/carers before any medicine is administered.

This policy also has regard to:

- The Medicines Act 1968
- The Human Medicines Regulations 2012
- The Health and Safety at Work etc. Act 1974
- The Children Act 1989 and 2004
- Public Health (Infectious Diseases) Regulations 1988
- UK Health Security Agency (UKHSA) guidance on infection prevention in early years and education settings
- The Health & Safety (First Aid) Regulations 1981
- DfE Statutory Guidance: Supporting Pupils at School with Medical Conditions (DfE, updated August 2017)

3. Scope and General Principles

- This policy applies to all children aged 0–5 attending Little Acorns Montessori.
- It covers all prescription and specified non-prescription medicines.
- Staff are not legally obliged to administer medication; however, where they agree to do so, they must follow this policy in full.
- No member of staff may administer any medication without a valid, signed parental consent form on file.
- All administration of medication must be carried out by a senior or designated member of staff and countersigned by a second member of staff.
- The nursery will not administer eye drops, eye cream, or ear drops under any circumstances.
- The nursery will not administer pain relief medication (such as paracetamol or ibuprofen) unless in a documented emergency situation (see Section 7).
- The nursery will not administer injections, pessaries, or suppositories. These represent intrusive nursing procedures; if this creates a concern about the appropriate care of a child, the setting will consult Ofsted.

4. Attendance, Illness, and Exclusion

4.1 Absence Due to Illness

- If a child is absent due to illness or holiday, parents must inform the nursery via the Family app or by contacting the setting directly.
- Sick children should remain at home until they are well enough to return to the setting.
- Please refer to the Sick/Absent Child Policy (current version) for full exclusion periods and return-to-setting criteria.

4.2 Antibiotics

- Children prescribed antibiotics should remain at home until they are well enough to return, in line with current UKHSA public health guidance and the exclusion periods set out in the Sick/Absent Child Policy.
- Return-to-setting decisions are illness-specific rather than based on a fixed number of hours. For example, a child with scarlet fever or Group A strep may return 24 hours after their first antibiotic dose if well enough; a child with whooping cough (pertussis) may return 48 hours after commencing antibiotic treatment. For other infections, exclusion will depend on clinical advice and the nature of the illness — see the Sick/Absent Child Policy, Section 4.2, for condition-specific exclusion periods.
- There is no blanket rule requiring exclusion for a fixed number of hours after the first dose of any antibiotic; this approach is no longer recommended by UKHSA.
- Parents and carers must ensure that any prescribed antibiotic course is completed in full.

4.3 Pain Relief — Paracetamol or Ibuprofen

- If a child has been given paracetamol or ibuprofen at home to reduce a temperature, they must remain at home until their temperature has settled without the need for further medication.
- If paracetamol or ibuprofen is administered at the nursery in an emergency (see Section 7), the parent or guardian will be contacted immediately and the child must be collected. The child should not return to the nursery until they have been free of fever for a minimum of 24 hours without the need for pain relief medication, in line with UKHSA guidance on managing fever in young children.

4.4 Medication Administered Prior to Attendance

- If medication has been administered to a child before they attend the nursery, the parent or guardian must inform staff at drop-off and complete a Medication Given Prior to Session form.
- This form must detail the medication name, dosage, time given, and any possible side effects.

⚠ Where a parent or guardian has administered pain relief before drop-off to mask a temperature or illness, the child should remain at home. Staff will use their professional judgement and may contact the parent/guardian to collect the child if they appear unwell.

5. Prescribed Medication

5.1 Conditions for Administration

- The nursery will only administer prescribed medication that has been dispensed by a pharmacist in the original, labelled container.

- The container must clearly show the child's name, the prescribing GP's details, the prescribed dosage, the administration instructions, the dispensing date, and the expiry date.
- Prescribed medication will only be given to the child named on the bottle, at the dosage stated.
- The nursery will not administer medication that is out of date.
- Where possible, parents are encouraged to request that the child's GP prescribes the lowest frequency of daily doses, ideally three times daily rather than four, to reduce the need for in-setting administration.
- Medicines containing aspirin will only be administered where they have been specifically prescribed for the named child by a doctor, dentist, nurse, or pharmacist. Aspirin will not be administered as an over-the-counter preparation under any circumstances.
- A child must be well enough to attend the nursery in order for prescribed medication to be administered at the setting. If a child is not well enough to participate in the normal routine of the day, they should remain at home.

5.2 Consent and Handover

- Prior written consent must be obtained from the parent or guardian before any prescribed medication is administered. Consent is given via a completed Medication Consent and Administration Form.
- The parent or guardian must bring the medication to the setting personally and hand it to a member of staff. Medication must not be left in a child's bag.
- At handover, a senior member of staff must sight the original medication bottle and verify the label details before accepting it.
- The parent or guardian must sign and date the consent form, confirming the agreed dosage and recording the last time the medication was given before the nursery session.
- Where a child requires medication for an ongoing condition (e.g. an inhaler for asthma), an Individual Health Care Plan must be in place and kept up to date.

5.3 Administration

- A senior or designated member of staff will administer the prescribed medication at the stated time and in the manner specified on the prescription label.
- A second member of staff must be present during administration and must countersign the medication record to confirm the medication, dosage, time, and method of administration.
- If a child refuses to take medication, a note must be made on the consent form and the parent or guardian informed promptly.
- When the child is collected, the parent or guardian must be given precise details of all medications administered during the session, including times and dosages. The parent or guardian must sign the record to acknowledge receipt of this information.

5.4 Essential Medication and Side Effects

- Where medication is essential or may have known side effects, a senior staff member must discuss the appropriate response with the parent or guardian before the medication is first administered.
- This discussion must be documented on the child's record.

6. Non-Prescribed Medication

6.1 General Position

- The nursery will not routinely administer non-prescribed medication.
- The nursery will NOT administer eye drops, eye cream, or ear drops under any circumstances.
- The nursery will NOT administer pain relief medication (paracetamol or ibuprofen) as a routine measure. Pain relief will only be given in a documented medical emergency (see Section 7).

6.2 Pain and Fever Relief / Teething Gel

- In exceptional circumstances, the nursery may administer an age-appropriate pain or fever relief medication or teething gel, but only where prior written consent has been obtained from the parent or guardian and there is a specific health reason for doing so.
- This will be confirmed at the child's initial settling-in session and documented on the child's consent form held on file.

6.3 Antihistamines

- An antihistamine such as Piriton may be given if a child is suffering from acute hayfever, but only where prior written consent from the parent or guardian has been obtained and only with the approval of the Manager.

6.4 Creams and Lotions

- Non-prescribed creams and lotions — including nappy rash cream (e.g. Sudocreme), sun cream, and moisturisers — will only be applied with prior written consent from the parent or guardian.
- Consent for sun cream, nappy cream, and other topical preparations is obtained during the first settling-in session and documented on the child's file.
- Sun cream and sun protection is governed by the nursery's separate Sun Safety Policy.

7. Emergency Administration of Pain Relief

In the rare event that a child develops a high temperature or is in evident discomfort during a session, and the parent or guardian cannot be reached immediately, the following procedure applies:

- The Manager or, in their absence, the Deputy Manager, must be informed immediately.
- All reasonable efforts must be made to contact the parent or guardian and any additional emergency contacts before any medication is administered.
- If, in the professional judgement of the Manager, it is necessary to administer Calpol (or equivalent) as an emergency measure to protect the child's welfare, this may only be done if prior written consent for emergency administration is on file.
- Emergency administration is countersigned by a second member of staff and recorded on the paper Medication Administration Record and on Famly immediately.
- The parent or guardian is informed as soon as possible and the child must be collected. The child should not return to the nursery until they have been free of fever for a minimum of 24 hours without the need for pain relief medication, in line with UKHSA guidance on managing fever in young children.
- An incident record must be completed in the child's file.

⚠ Staff must not administer paracetamol or ibuprofen as a precautionary or routine measure. This section applies only to genuine emergencies where the child's health would otherwise be at risk.

8. Children with Complex Medical Needs

8.1 Specific Medical Conditions (Epi-Pens, Insulin, Epilepsy, etc.)

- Where a child has diabetes, severe allergies requiring an epi-pen, epilepsy, or any other life-threatening condition, the parent or guardian must discuss this with the Manager or Room Leader before the child starts at the nursery.
- A full Individual Health Care Plan must be completed, signed by the parent or guardian, and placed on the child's file before the child starts attending.
- A trained nurse or medical professional who specialises in the relevant condition must deliver specific training to the nursery staff before the child attends. A training certificate must be provided to the nursery.
- Children with such conditions must not start at the nursery until the required staff training has been completed and the Health Care Plan is in place.

8.2 Injections, Pessaries, and Suppositories

- The administration of injections, pessaries, and suppositories constitutes intrusive nursing and must not be carried out by any member of nursery staff.
- If this creates a significant barrier to providing appropriate care for a child, the Manager will consult Ofsted for guidance.

9. Storage of Medication

- All medication brought into the nursery must have the child's name clearly written on the container.
- All medication must be stored in a dedicated medicine cabinet, which must be kept locked at all times except when medicines are being issued or received.
- The key to the medicine cabinet must be kept safe and out of reach of children at all times. The key is the responsibility of the Nursery Manager or designated senior staff member.
- Antibiotics and any other medications requiring refrigeration must be stored in an airtight, sealed container (e.g. a Tupperware box labelled with the child's name) in the kitchen or milk kitchen fridge, in an area inaccessible to children.
- All medications must be kept in their original containers. They will not be accepted or administered if transferred to alternative packaging.
- All prescribed medications must have the pharmacist's dispensing label attached, showing dosage instructions and the date of issue. Expiry dates will be checked by staff before administering.
- At the end of each day, any medication not collected by the parent or guardian will be stored securely. Medication will not be retained beyond the end of the prescription or the child's attendance.

10. Recording and Reporting

10.1 Medication Records

All administration of medication must be recorded on the paper Medication Administration Record held at the setting. This record must be completed at the point of administration and must include:

- Child's full name and date of birth
 - Name and type of medication
 - Dosage administered
 - Time and date of administration
 - Method of administration
 - Name and signature of the staff member who administered the medication
 - Name and countersignature of the second staff member who witnessed the administration
 - Name and signature of the parent or guardian at collection, confirming they have been informed
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- In addition, all administration of medication must also be recorded on the Family digital platform at the time of administration, including dosage given, time, and the name of the administering staff member.
 - Both the paper record and the Family entry must be completed for every instance of medication administration. Neither record alone is sufficient.

10.2 Consent Forms and Retention

- Completed Medication Consent and Administration Forms are retained on the child's individual file at the setting.
- Records of medication administration are kept until the child's 21st birthday, reflecting the period within which a personal injury claim could still be brought (Limitation Act 1980).

10.3 Notifiable Diseases

- If the nursery has reason to believe a child is suffering from a notifiable disease identified under the Public Health (Infectious Diseases) Regulations 1988, Ofsted will be informed.
- The nursery will act on all advice given by the UK Health Security Agency (UKHSA) and will inform Ofsted of any action taken.
- In the event of a public health pandemic, Little Acorns Montessori will monitor regular updates from UKHSA and seek advice and guidance from the Local Early Years Authority (Bracknell Forest / Royal Borough of Windsor and Maidenhead) in the best interests of families and staff.

11. Staff Medication and First Aid

- The first aid box for staff must be kept in a readily accessible location but out of reach of children.
- First aid boxes must only contain items permitted by the Health & Safety (First Aid) Regulations 1981, such as sterile dressings, bandages, and eye pads.
- Non-prescribed medical items, including paracetamol, must not be stored in the first aid box.
- Staff members who need to take personal medication whilst on the premises must store it securely and ensure it is wholly inaccessible to children at all times.
- In accordance with the EYFS Statutory Framework (paragraph 3.28 for group and school-based providers), any member of staff who is taking medication which may affect their ability to care for children must notify the Nursery Manager. The Manager will carry out

a risk assessment and take appropriate action, which may include redeployment or temporary suspension from certain duties. Staff are expected to seek medical advice about whether their medication is likely to affect their childcare responsibilities and to inform the Manager accordingly. This information will be handled sensitively and in confidence.

- For more information refer to the Staffing and Employment Policy.

12. Roles and Responsibilities

Role	Responsibility
Nursery Manager	Overall accountable lead for policy implementation and staff training. Approves all medication consent forms and manages escalation.
Deputy Manager / Room Leader	Supports implementation on a day-to-day basis. Ensures medication is stored correctly and records are completed and signed.
Designated Safeguarding Lead (DSL)	Lead responsibility for child welfare concerns arising from medication, illness, or medical conditions.
Deputy DSL	Acts in the DSL's absence.
All Staff	Must follow this policy at all times. No member of staff may administer medication without valid written consent and a completed consent form. All administration must be countersigned by a second member of staff.
Parents / Carers	Responsible for providing written consent, supplying medication in its original container, keeping the nursery informed of any changes to a child's medical needs, and signing/dating the record of administration.

13. Staff Training

- All staff who may be required to administer medication must receive appropriate training, including paediatric first aid.
- For children with complex medical needs (e.g. anaphylaxis, diabetes, epilepsy), specialist training delivered by a qualified medical professional is mandatory before the child attends.
- Training records are held on the staff's personnel file and reviewed annually.

14. Policy Review

This policy is reviewed annually, or sooner in the following circumstances:

- Following any changes to the EYFS Statutory Framework or relevant UK legislation.
- Following an incident relating to medication administration at the nursery.
- Following recommendations from Ofsted or an Early Years advisor.
- Where a specific change request is raised by staff or parents.

This policy is available to all parents and carers on request and is published on the nursery notice board at each setting.

15. Related Policies and Documents

- Safeguarding and Child Protection Policy
- Sick/Absent Child Policy

- Sun Safety Policy
- Individual Health Care Plan Template
- Medication Consent and Administration Form
- Medication Given Prior to Session Form
- Settling-In and Consent Form
- Oral Health Policy
- Staffing and Employment Policy

Policy Sign-Off

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