Marsh Hill Nursery School & Perry Beeches Nursery School

ADMINISTRATION OF MEDICINES POLICY AND OPERATIONAL FORMS 2026-2027

Document control	Details
Policy owner	Headteacher
Approval	Governing Body
Date approved	09.11.2026
Review date	One year from approval date
Version	1.0

PART A – POLICY

1. Purpose and principles

Marsh Hill Nursery School and Perry Beeches Nursery School are committed to including children with medical needs and enabling them to access nursery school education safely. Medication will be administered only where there is a clear, agreed process, appropriate written permission, suitable staff and safe arrangements for storage, administration and recording.

This policy applies to all children aged 2–4 attending the nurseries, including part-time sessions, settling-in sessions and educational visits.

- Children will not be excluded or disadvantaged because they have a medical condition where their needs can be safely met.
- The child's welfare, dignity, privacy and best interests are central to every decision.
- Staff will work in partnership with parents/carers and, where appropriate, health professionals.
- Medication is not a substitute for medical assessment or for keeping an unwell child at home.
- Only staff who have agreed to the task and are competent and appropriately trained will administer medication.

2. Legal and guidance framework

This policy must be read with the current EYFS statutory framework for group and school-based providers (effective 1 September 2026), Birmingham City Council's Medical Needs Policy Template (updated September 2026), Birmingham's supplementary Administration of Medicines in Schools and Settings guidance, the Department for Education's statutory guidance Supporting pupils with medical conditions at school, and statutory Allergy safety in schools guidance.

The EYFS requires the provider to have and implement a medicines policy and procedures; systems to obtain and update information about children's medicine needs; training where administration requires medical or technical knowledge; written permission for each particular medicine; a written record each time medicine is administered; and same-day notification to parents/carers, or as soon as reasonably practicable.

3. Roles and responsibilities

Governing body

- Approve and periodically review this policy.
- Ensure appropriate arrangements, resources and oversight are in place.

Headteacher (Acting Executive Head – Shilpa Rathore)

- Implement the policy and appoint a named Medical Needs Lead and deputy.

- Decide whether the nursery school can safely meet a child's needs, seeking advice where necessary; decisions must not be based on diagnosis alone.
- Ensure appropriate staff are identified, trained and supported, with contingency cover.
- Ensure IHPs, risk assessments, emergency arrangements and records are in place and reviewed.
- Ensure incidents, errors and near misses are investigated and learning acted upon.

Medical Needs Lead (Jane Bailey & Maria Irabor – Marsh Hill; Jackie Fortey & Nancy Solomon – Perry Beeches)

- Coordinate medical information, parental consent and updates.
- Check medicines on receipt, including label, child's name, instructions, expiry and storage requirements.
- Maintain medication records, expiry checks and training records.
- Ensure relevant staff know the child's needs and where medication is kept.

All staff

- Follow this policy, the child's IHP and medication-specific instructions.
- Administer only medication for which they have consent, competence and appropriate training.
- Record administration immediately and report refusal, omission, error, adverse reaction, damage, loss or expiry.
- Keep medicines secure while ensuring emergency medication is immediately accessible to trained staff.

4. Admission, information and updates

Before a child starts, parents will be asked for details of medical conditions, allergies, medication, triggers, emergency contacts and relevant health professional advice. The key person and Medical Needs Lead will discuss this information with the parent. A general registration form is not sufficient where a child needs medication or specific support.

Information will be checked at least annually and whenever a parent reports a change. Parents must promptly notify the nursery school of changes to diagnosis, medication, dose, frequency, emergency advice or contact details.

5. Individual Healthcare Plans and risk assessment

An Individual Healthcare Plan (IHP) will be prepared where a child has a medical condition or medication need requiring individual arrangements, including emergency medication, specialist administration, regular medication or adjustments to participate safely. The plan will be developed with parents and, where appropriate, the child's healthcare professional and school health team.

The IHP will identify the condition, signs and symptoms, medication and dose, when and how to administer, precautions, emergency actions, contacts, training, storage/access, activities/trips arrangements and review date. For children aged 2–4, staff must consider that children may be unable to describe symptoms, understand instructions or self-administer.

A risk assessment will consider staffing and cover, supervision, room layout, hygiene, administration risks, outdoor play, meals, sleep/rest, transitions and trips. Emergency risks must be addressed before the child attends.

6. Medicines accepted and prescribing

The nursery school will normally administer medication where it is necessary during attendance and safe arrangements are agreed. Prescription medicines must be prescribed for that child by an authorised prescriber. Medicines containing aspirin must only be administered where prescribed by a doctor. Medicines will also be administered that is prescribed 4 or more time daily.

Non-prescription medicines may only be administered where written permission has been obtained for that particular medicine, the medicine is suitable for the child and the Headteacher/Medical Needs Lead has agreed. The nursery school will not routinely administer non-prescription medicines for general symptoms such as coughs, colds or fever. Parents may be asked to seek advice from a pharmacist or clinician.

The nursery school will not administer medication where the label, dose, child's identity, expiry, storage or instructions are unclear, or where it has not agreed that it can safely do so. Staff must not make clinical decisions, calculate an uncertain dose, alter a prescribed dose or act contrary to the label or IHP.

7. Written permission and receipt

- Written parental permission is required for each particular medicine before it is administered. Use Appendix 1; a general consent to 'any medicine' is not sufficient.
- Medication must be handed directly to a member of staff, not left in a child's bag, coat pocket or locker.
- Medication should be in original packaging, with the dispensing label intact where prescribed, and clearly identify the child.
- Check medicine name, child's name, strength, dose, route, frequency, expiry, instructions and storage against consent and IHP.
- Record receipt and quantity using Appendix 3. Clarify discrepancies before routine administration.
- For specialist devices or techniques, staff must be trained and competent before administration.

8. Safe administration procedure

Immediately before administration, the staff member must check:

- Right child – positively identify the child.
- Right medicine – compare medicine and label with consent and IHP.
- Right dose – check the exact dose and appropriate measuring device; never use a household spoon.
- Right route – confirm oral, inhaled, topical or other route.
- Right time – check when the last dose was given and that the dose is due.
- Right instructions – check indication, precautions and any 'when required' criteria.
- Right record – document administration immediately afterwards.

A second trained/competent member of staff should independently check medicine and dose where practicable, and must do so where the IHP, training protocol or risk assessment requires it. A second check does not replace the administrator's responsibility.

Explain the process in simple, age-appropriate language and preserve the child's dignity. Do not force a child to take medicine. If the child resists, spits out, vomits or refuses a dose, do not automatically repeat it; record what happened, contact the parent and seek clinical advice where necessary.

Staff must use appropriate hand hygiene and protective equipment. Medicine must not be mixed into food or drink unless a prescriber/pharmacist has confirmed this is appropriate and the parent has given written agreement.

9. Recording and parent notification

Every administration must be recorded immediately using Appendix 2, including medicine, dose, route, date, time, administrator, checker where applicable and relevant observations. Parents/carers must be informed on the same day that medicine was administered, or as soon as reasonably practicable. Record refusal, omission, spillage, partial dose, vomiting after administration and other relevant events.

10. Storage and access

- Store medicines in accordance with manufacturer instructions, in original packaging, clearly labelled and separated by child.
- Routine medicines must be stored securely, out of children's sight and reach.
- Emergency medicines (including adrenaline auto-injectors and reliever inhalers) must be readily accessible to staff who may need them and must not be locked away in a way that delays emergency treatment; they must remain inaccessible to children.
- Refrigerated medicines must be stored in a designated, secure, clearly identified container separate from food, with appropriate temperature arrangements.

- Staff must know where each child's medication is kept. Medication must accompany the child on outings and during movement around the premises where required by the IHP.
- Check expiry dates and stock at least monthly and before outings. Contact parents before supplies expire or run out.
- Never transfer medicines between children or decant into unlabelled containers.

11. Emergency medication and medical emergencies

A child who may need emergency medication must have a current IHP/emergency action plan and the required medication available whenever they attend. Staff must know symptoms, triggers, emergency actions, medication location and when to call 999. Relevant staff must receive condition- and medicine-specific training.

In an emergency, follow the child's emergency plan, administer emergency medication where indicated and within training/authorisation, and call 999 when the plan or circumstances require it. Do not delay emergency action while contacting parents or seeking consent. A colleague should contact parents and meet the ambulance where possible. Ensure appropriate supervision for the other children.

For a suspected severe allergic reaction/anaphylaxis, follow the child's allergy action plan and current emergency guidance, use the prescribed adrenaline auto-injector promptly where indicated, and call 999. The nursery school will follow the statutory Allergy safety in schools guidance and Birmingham allergy resources.

12. Refusal, missed dose, errors and adverse reactions

If a child refuses medication, do not force administration. Record the refusal, inform the parent the same day and follow the IHP. If omission may place the child at risk, seek immediate advice and follow emergency arrangements.

Any error, near miss, omission, wrong dose, wrong child, wrong medicine, wrong route, wrong time, unauthorised administration, loss or suspected adverse reaction must be reported immediately to the Headteacher/Medical Needs Lead. Seek appropriate medical advice; call 999 for an emergency. Do not induce vomiting or give a replacement dose unless directed by an appropriate clinician.

Inform parents promptly and transparently. Complete Appendix 5, preserve relevant packaging/records, make any required local authority/insurer notifications and review the IHP, training and procedures.

13. Staff training and competence

Staff administering medicines must be willing, authorised by the Headteacher and competent. Training must be proportionate to the medicine and child's needs. Where administration requires medical or technical knowledge, staff must receive appropriate training from a suitably qualified

health professional before undertaking the task. Training must include practical demonstration and confirmation of competence where appropriate.

Maintain records using Appendix 6. Arrange refresher training when needs or medication change, competence is in doubt, or at intervals advised by the trainer/health professional. Ensure a trained member of staff is available whenever the child attends.

14. Illness, visits and inclusion

Medication must not be used to enable a child who is too unwell to participate, or who should remain at home under current public health advice, to attend. Follow current UKHSA guidance on infection prevention and exclusion periods.

Children with medical needs will be included in visits wherever safe and reasonably practicable. The visit leader must check the IHP, risk assessment, medication, expiry date, emergency contacts, trained staff and access arrangements. Emergency medication must travel with the child and remain accessible.

15. Confidentiality and records

Medical information is special category personal data and will be handled in accordance with UK GDPR, the Data Protection Act 2018, the school privacy notice and records management arrangements. Access is limited to staff who need the information to care for the child or respond to an emergency. Confidentiality must not prevent safe care.

Records will be stored securely, retained under the approved retention schedule and disposed of securely. Parents may request access through the school's data protection procedures.

16. Return, disposal, monitoring and review

Return medication directly to a parent/carer when the course ends, the child leaves, or the medicine expires/is no longer required. Record the date and recipient using Appendix 3. Do not dispose of medicines in sinks, toilets or general waste. Where return is not possible, agree safe disposal through a community pharmacy and record the action.

The Headteacher will monitor records, expiry checks, incidents, training and IHP reviews. Concerns should be raised under the school complaints procedure. Review this policy annually and sooner following a significant incident or change in statutory/local guidance.

17. Related policies

- Allergens Policy
- Safeguarding and Child Protection Policy
- Health and Safety Policy
- Intimate Care Policy

PART B – OPERATIONAL FORMS

Complete the relevant form for each child/medicine. Store completed forms securely with the child's medical information. Blank forms do not replace an IHP where one is needed.

APPENDIX 1 – PARENTAL CONSENT TO ADMINISTER A SPECIFIC MEDICINE

Complete one form for each medicine. Written permission must be obtained before routine administration.

Child details	Information
Child's full name	
Date of birth	
Nursery school room / key person	
Parent/carer name and contact number	
Emergency contact (if different)	

Medicine details	Information
Medicine name (brand and generic if known)	
Reason / condition	
Prescribed for this child?	☐ Yes ☐ No
Prescriber / pharmacy (if applicable)	
Strength / form	
Dose to be given	
Route (oral / inhaled / topical / other)	
When to give / frequency / minimum interval	
Start date / end date	
Maximum dose in 24 hours (if specified)	
Storage requirements	
Expiry date	
Special instructions / precautions	
Action if refused, vomited or dose missed	

I confirm the information above is accurate. I give written permission for trained/authorised nursery school staff to administer this specific medicine in accordance with the label, these instructions and any agreed IHP. I will inform the nursery school immediately of any change.

Consent / checks	Details
Parent/carer signature and printed name	
Date and time signed	
Staff member receiving consent	
Headteacher / Medical Needs Lead approval (if required)	
Checks: ☐ label ☐ child ☐ expiry ☐ instructions ☐ storage ☐ IHP ☐ training/competence	

APPENDIX 2 – MEDICINE ADMINISTRATION RECORD

Use a separate record for each child and medicine, or a controlled electronic equivalent. Complete immediately after each administration. Inform the parent on the same day or as soon as reasonably practicable.

Child's name	Date of birth	Medicine / strength

Date	Time	Dose	Route	Given by (print/sign)	Second check (if required)	Outcome / notes

Date/time parent informed	Person informed	Method	Staff initials

If not administered, record reason (refused / absent / omitted / unavailable / other), action taken and parent notification. Do not record a dose as given unless it was administered.

APPENDIX 3 – MEDICATION RECEIPT, STOCK CHECK AND RETURN FORM

A. Receipt from parent/carer

Child's name	Medicine / strength / form

Date/time received	Quantity received	Expiry date	Storage requirement	Received by

Packaging/label checked: ☐ child's name ☐ medicine name ☐ strength ☐ dose/instructions ☐ expiry ☐ original packaging ☐ written consent ☐ IHP if required.

B. Stock and expiry check

Date checked	Quantity remaining	Expiry checked	Storage/condition satisfactory?	Checked by	Action taken

C. Return to parent/carer or disposal

Date	Medicine and quantity	Returned to / relationship	Recipient signature	Staff signature

If disposed of via pharmacy: pharmacy/location _____ Date _____ Staff member _____ Method/confirmation _____

APPENDIX 4 – INDIVIDUAL HEALTHCARE PLAN (IHP)

Complete with the parent/carer and, where appropriate, the child's healthcare professional. Attach any clinical action plan (for example allergy/anaphylaxis or asthma plan). Review at least annually and whenever needs or treatment change.

IHP information	Details
Child's full name / preferred name	
Date of birth	
Nursery school room / key person	
Parent/carer and emergency contacts	
GP / relevant health team (if supplied)	
Condition / diagnosis (if known)	
Known allergies / triggers	
How the condition may affect the child aged 2–4	
Early signs / symptoms staff may notice	
What the child may be unable to communicate	
Usual support / adjustments required	
Medication name, strength, dose, route and when to give	
When-required criteria / maximum frequency	
Precautions / what staff must not do	
Storage location and access arrangements	
Emergency signs and immediate actions	
When to call 999 / escalation instructions	
Who contacts parent and who meets ambulance	
Staff training required / trainer / date	
Staff authorised / competent to support	
Arrangements for breaks, absence and cover	
Trips, outdoor play, sleep/rest and transitions	
Food/snack and allergy risk controls, if relevant	
Review date / review triggers	

Parent/carer views and agreement:

_____

_____

Healthcare professional advice / attached plan:

_____

_____

Agreement / briefing	Name, signature and date
Parent/carer	
Headteacher / Medical Needs Lead	
Healthcare professional (where involved)	
Plan shared with relevant staff on	
Next review date	

Staff name	Date briefed	Key actions understood / signature

APPENDIX 5 – MEDICATION ERROR, INCIDENT OR NEAR-MISS REPORT

Complete after the child is safe and urgent medical advice has been obtained. Notify the Headteacher/Medical Needs Lead without delay.

Incident details	Information
Child's name / date of birth	
Date and time	
Location	
Staff involved / witnesses	
Medicine (name, strength, form)	
What happened? (factual account)	
Dose / route / time intended	
Dose / route / time actually given (if applicable)	
How was it identified?	
Child's presentation / observed signs	
Immediate action taken	
Medical advice sought (who, when, advice)	
999 called? Time and outcome	
Parent/carer informed (who, when, by whom)	
Headteacher informed (time)	
Other notifications required / made	
Outcome / follow-up arrangements	

Contributing factors (e.g. labelling, handover, interruption, storage, communication, training):

_____

_____

Actions to prevent recurrence:

_____

_____

IHP / risk assessment / policy / training update required? ☐ Yes ☐ No Details:

_____

Completion / review	Name, signature and date
Report completed by	
Headteacher review	
Parent discussion recorded by	
Actions allocated to / deadline	
Actions completed / date	

APPENDIX 6 – STAFF MEDICATION TRAINING AND COMPETENCY RECORD

Record general medication training and child-/medicine-specific training. Staff must not undertake a task requiring specialist knowledge or technique until appropriately trained and assessed as competent.

Staff member	Role	Training / medicine / condition	Trainer / organisation

Training date	Practical demonstration / competency assessed	Outcome / limitations	Refresher due

Competency checklist (complete as appropriate):

- Understands the child's condition, symptoms, triggers and emergency plan.
- Can identify the correct child and medicine and check label, dose, route, time and expiry.
- Can prepare and administer medicine safely using the correct device/technique.
- Understands hygiene, infection control, dignity and age-appropriate communication.
- Knows storage, access, stock checks and arrangements for outings.
- Can recognise refusal, partial dose, vomiting, adverse reaction and medication error, and knows escalation steps.
- Can complete the administration record and parent notification accurately.

Declaration	Name, signature and date
Trainer confirms training delivered and limitations explained	
Staff member confirms understanding and willingness	
Headteacher / Medical Needs Lead authorisation	
Review / refresher date	

PART C – HEADTEACHER IMPLEMENTATION CHECKLIST

- ☐ Check current EYFS group and school-based provider framework and relevant DfE statutory guidance.
- ☐ Review statutory Allergy safety in schools guidance and Birmingham allergy resources; ensure separate allergy policy and child-specific plans are in place.
- ☐ Confirm insurance position and any local authority requirements for staff administering medication.
- ☐ Identify secure storage, refrigeration and immediate-access arrangements for emergency medication.
- ☐ Set up a central medication register, individual child records and parent-notification process.
- ☐ Confirm staff training, competency, cover and emergency response arrangements.
- ☐ Ensure IHPs and risk assessments cover room routines, outdoor play, sleep/rest, meals, toileting, transitions and trips for children aged 2–4.
- ☐ Brief all staff, including temporary and lunchtime staff, on relevant procedures and confidentiality.
- ☐ Confirm retention and disposal arrangements with the records management lead.
- ☐ Obtain governing body approval and publish the approved policy.

Official sources and reference documents

Birmingham City Council – Inclusion House, Medical Needs: https://inclusionhouse.birmingham.gov.uk/medical-needs/ (September 2026 model Medical Needs Policy Template, supplementary Administration of Medicines guidance and allergy resources).

Department for Education – EYFS statutory framework: https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2 (use group and school-based providers version effective 1 September 2026).

Department for Education – Supporting pupils with medical conditions at school: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3