Dundonald Primary and Early Years Centre

Administration of Medicines and First Aid Policy

UNCRC Article 24 Every child has the right to the best possible health.

Reviewed (FP) September 2025

Dundonald Primary and EYC

First Aid and Administration of Medicines Policy and Procedures Statement

This policy statement should be read in conjunction with the Supporting Young People with Healthcare needs in Education guidance (https://www.nhsaaa.net/media/9493/supporting-cyp-with-healthcare-needs-in-education-final-april-2020.pdf) and the South Ayrshire Council Educational Services Management Guidelines on First Aid and Administration of Medicines in Schools and Early Years Centres. It is also based on the Care Inspectorate guidance which can be found at https://hub.careinspectorate.com/media/6297/management-of-medication-in-daycare-of-children-and-childminding-services_july25.pdf

FIRST AID

First Aiders
Teachers' and Early Year Practitioners (EYP) conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of children and young people are expected to use their best endeavours at all times, particularly in emergencies, to secure their welfare. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

We have two fully trained first aiders, who have completed the three day 'First Aid at Work' training, in Dundonald Primary and EYC. In our EYC, we have an additional member of staff trained in Emergency Paediatric First Aid. First Aid training is fully compliant with South Ayrshire Management Guidelines on First Aid in Schools.

Posters are displayed with up to date information regarding First Aiders in school. A First Aid needs assessment is be completed and held in school (appendix 1).

First Aid Boxes
First aid boxes are provided within our school and are located in the first aid cupboard. School assistants carry a first aid pouch with them.

First aid boxes are adequately stocked, including (appendix 2):

- individually wrapped sterile adhesive dressings (assorted sizes)
- sterile eye pads
- individually wrapped triangular bandages
- safety pins
- medium and large sized individually wrapped sterile wound dressings
- 2 large sterile individually wrapped wound dressings
- disposable gloves
- individually wrapped moist cleansing wipes
- microporous tape
- finger dressings
- foil blanket

Only specified first aid supplies will be kept. No creams, lotions, tablets or medicines, however seemingly mild, will be kept in these boxes. First aid boxes are clearly marked with the location, name of person responsible for their upkeep and marked on notice boards in the school. The location of first aid boxes and the name of the person responsible for their upkeep will be clearly indicated on notice boards throughout the school. Staff must inform Mrs Susan Wilson or Mrs Laura Crichton if supplies are running low. A travelling first aid kit must be taken on all outings outside of the school premises. First Aiders must be noted on risk assessment and 'On the Day Check' must be completed.

Recording and Reporting First Aid Incidents

- In EYC accidents and incidents are recorded using readily accessible accident records. These are audited by our Senior EYP.
- In the School accidents are recorded using an Accident/Incident Log record kept in the First Aid cupboard (appendix 7).
- These must be kept for 3 years.
- We record of any first aid treatment given by first aiders.
- This includes:
    - the date, time and place of the incident;
    - the name (and class) of the injured person;
    - details of the injury/illness and what first aid was given;
    - what happened to the person immediately afterwards(for example went home, resumed normal duties, went back to class, went to hospital)
    - name and signature of the first aider or person dealing with the incident
- The majority of incidents which happen in our EYC and School are minor bumps and bruises.
- If an incident is more serious then they must be recorded on the digital AR1 form within 10 days.
  Report an incident - The Core (south-ayrshire.gov.uk)
- A copy is retained within our school office .
- Where an incident results in admittance to hospital, or inability to continue work, the Head Teacher/centre manager must be informed immediately. The Head Teacher should inform their Quality Improvement Officer.
- In Early Years centres the Care Inspectorate should also be informed using the eforms system.
- Where an incident involves violence of any kind, whether verbal or physical, an online Violence & Aggression (VA1) form(JNCT 2.4 form for Staff in Education) should be submitted in the same manner (online form). A printed record of these forms is held in the school office.

Notifying Parents and Carers

- At Dundonald Primary and EYC we inform parents/carers of any accidents, injuries sustained and /or first aid treatment given to their child whilst at EYC or school. (appendix 8)
- We use written slips to communicate bumps and will phone if the injury requires this.
- Parents must be informed of all injuries. In our EYC parents will sign the accident form.
- Staff are aware of the data protection act and don't allow parents/carers to view personal information other than relating to their own child. If a parent in the school requests to see the accident/first aid record, all names/information about other children must be removed.

ADMINISTRATION OF MEDICINE

Parents or carers have the prime responsibility for their child's health and should provide the school with information about their child's medical condition.

Parents should contact the School or Early Years Centre to discuss the medical needs of their child in the first instance – an appointment will then be arranged for the parent to meet with Mrs Julia Kerr, our Primary School Designated First Aider or Miss Kirsten Macpherson, our EYC Designated First Aider.

If the child requires to be given medicine during the school session or school day, parents will then be asked to provide written details of the condition to include the following:

- Name of medication
- Dose
- Method of administration
- Time and frequency of administration
- Side effects

This information will be recorded on the Administration of Medication Consent Form. Normally staff would be given new and unopened medication although in some cases this is not possible if only one bottle has been given for home and EYC/school use.

Please see first aid notices in the EYC/School for designated EYC first aiders and school first aiders. If a first aider was absent, one of the other designated First Aiders would assume responsibility as directed by Senior Management.

Medicines are stored in the designated EYC cupboard and in the main office which is only accessible by staff. Staff will record details of medication given to pupils on the appropriate form.

STORAGE OF MEDICINE

- EYC: Medicine is stored in individual named containers in the EYC cupboard which is only accessible by staff.
  Primary School: medication is stored in the main office along with a copy of the child's 'Administration of medication form. Medication is stored in the medicine box and is labelled with the child's name and date of birth.
- Emergency medication, such as epi-pens and inhalers, are stored in red first aid bags in the EYC medication cupboard and in classrooms.
  At lunchtime, EYC staff take the emergency medication bags with them to the lunch hall.
  At lunchtimes for primary school children, the class emergency medication bag should stay in the class as children move between the playground and dinner hall and the classroom is the most accessible place.
- Children who require an epi-pen have a back-up epi-pen (parents are asked to provide school with 2 epi-pens).
- All emergency medication is stored in individual plastic wallets with the child's photo on it.
- EYC and school staff must ensure parents hand over all the medication.
- If the medication requires storage in a fridge, the medication should be stored in a plastic type box with a lid. Medication will be stored in the fridge in the staff base which children cannot access. (appendix 6)

- All spoons, syringes, spacers for inhalers etc are labelled and cleaned appropriately. In EYC there is an expectation that medication should be reviewed and returned if necessary after 28 days.

ADMINSTERING MEDICINE

- Staff will not give the first dose of a new medicine to the child.
- An Administration of Medicine form must be completed by the Parent/Carer (appendix 3).
- Staff should follow Process for accepting medicine flow chart (appendix 9) and Medicine Checklist (Appendix 10).
- Parents should have already given at least one dose to ensure the child does not have an adverse reaction to the medication e.g. allergic to an antibiotic.
- The information leaflet should accompany the medication.
- Staff should always read the information leaflet.
- Do not administer medication if you do not know what it is or what it is for.
- If medication has to be given on a "when required" basis, it is important the provider has recorded the judgement made as to why the medication has been given e.g. child has high temperature, is wheezing, eyes running or itchy, sneezing etc. These judgements are recorded in the child's personal plan.
- Check dosage with the parent and against the label.
- All medication should be clearly labelled or marked with the identity of the child.
- Check expiry dates and dispensed date. Is this medication for the current condition? If a medicine has not been dispensed recently is it still appropriate for use e.g. liquid antibiotics usually only have a 7 to 10 day shelf-life, eye drops should be discarded 28 days after opening etc. Something prescribed for a condition 6 months ago might not be appropriate now.
- All medication should be in the original container.
  Time or course expired medication should always be returned to the parents. Permission from parents should be time limited e.g. 28 days and then reviewed. EYC and school staff review this with parents on a monthly basis.
- Two members of staff will witness medication being given and countersign the administration of medication form (appendix 4/5).
- If too much medication has been given the staff should read the information booklet for advice and act on the advice given. They should also telephone the child's parent and inform them what has happened. This incident should be reported to S.L.T.
- If the child spits out the medication please refer to the information leaflet, do not overdose the child by giving another dose. Phone the child's parents to inform them and inform S.L.T.
- If the child refuses to take the medication please phone their parents. If the medication is given on a regular basis and this is becoming a habit please arrange a meeting with parents to work on a possible solution.
- If the medication has been given to the wrong child the child's parents should be contacted immediately and this incident reported to S.L.T. In this case the medication information leaflet should be read for side-effects and take action based on the information given in the leaflet.
- Staff may require to have training appropriate to the administration of specific medication e.g. the use of epipens, how to use inhalers, injecting insulin via a pen. HT/DHT would arrange this training. Staff use the training on the NHS app.
- If children self medicate staff should be aware of this and supervise if necessary. Consideration should be given to the safety of other children e.g. children who self medicate and carry their own medication.

- Staff conduct a daily audit of medication i.e. records of medication brought in from home, medication administered and medication sent home. This is recorded.
- Parents are phoned to inform them if inhalers are administered in EYC.

Prescribed medication
If parents wish their child to receive prescribed medication they must provide the EYC/school with written permission by filling out the South Ayrshire Council Administration form which includes the details of what is to be administered, the reason for the medication, instructions on how/when and how much to administer. Parents should also provide written information about when it was administered, how much was administered and by whom and a record of parents being informed when last dosage was given.

Health Care Plans and Medical Protocols
The child's own health visitor/school nurse/specialised medical professional has responsibility for devising care plans for pupils who require additional support from their parent/carer or the First Aider in the school for the administration of medicine long term. The individual health care plan is developed in collaboration with:

- the parent or carer
- the child's GP
- the school doctor/health visitor/nurse
- school staff who have agreed to administer medication or to be trained in emergency procedures
- and any other supporting agencies for the benefit of the child.

Confidential medical overviews are prepared for all classes and SLT/office staff which contain all medical information including allergies, illnesses, conditions and medical protocols. These are updated when any changes occur.

Specific medical conditions

- Emergency medication - such as epipens and inhalers - are stored in named wallets (with child's photo) in a red first aid bag in the classroom along with a copy of the child's Heath Care plan.
- Staff use the NHS app and Epi-pen website for training in the use of Epipens.

Emergency Evacuation and Emergency Medication: In the event of an emergency evacuation of Dundonald PS and EYC building, the Senior EYP will take all emergency medication to the muster point with the children.

General Conditions
Parents should contact the school and discuss the medical needs of their child in the first instance with their key worker, a member of the Senior Leadership Team and a designed First Aider.
Parents will then be asked to provide written detail of the condition to include the following:

- details of the condition and pupil's individual symptoms
- information regarding medication where appropriate
- action to be taken in an emergency
- follow up care
- contact information

This information will be recorded on the child's Health Care Plan.

Procedures when a child becomes unwell in EYC :
EYC staff should seek advice from the first aider in the EYC, Miss Kirsten Macpherson or Mrs Julia Kerr.
If the decision is made for the child to go home, EYC staff would ask a member of the office staff to phone home using the contact numbers provided.
Parents/carer should report to the school office before taking the child home – the child should be signed out by the parent/carer.

Procedures when a child becomes unwell in school :

- the class teacher should seek the advice of Mrs Julia Kerr, DHT and First Aider;
- If the decision is made for the child to go home, Mrs Kerr or a member of the office staff would phone the contact numbers provided.
- Parents/carer should report to the school office before taking the child home – the child should be signed out by the parent/carer.

Disposal of Medication

Dundonald Primary and EYC staff should not dispose of medication. Date expired medication or those no longer required for treatment should be directly returned to the parent to return to a pharmacy for safe disposal. Where this isn't possible schools or centres should organise to send the medication to a community pharmacy.

Useful Links/Further Reading

The Administration of Medicines in Schools - published by the Scottish Executive provides useful background, format for consent forms, records etc. www.scotland.gov.uk/library3/education/amis.pdf

St Andrews Ambulance Association can provide guidance relating to content of First Aid boxes, training courses etc www.firstaid.org.uk

NHS 24 is a 24-hour telephone health advice and information service (08454 24 24 24)www.nhs24.com

Appendix 1- First Aid Needs Assessment

Property Name:		
Address / Location:		
Main type of work activity at site:		
Points to Consider	**Additional Guidance**	**Response**
How many people are employed on Site?	*You may need to train employees as First Aiders.* *(See Table on Page 2)*	
Do the premises involve multiple buildings/floors?	*You may need to consider provision for each building or on different floor.*	
Is there any area of site where there is a higher level of risk? e.g. dangerous machinery, sharp instruments, etc.	*You may need to make specific provision for higher risk areas or locate your First Aid provision in certain areas.*	
Estimated number of Non Employees who work on, or visit Site:	*You have a duty of care towards service users, pupils, visitors or member of the public who access your site.*	
Are there inexperienced workers on site or employees with disabilities or particular health problems?	*Your First Aid provision must cover them also. Their lack of experience may create a higher risk. You may need to consider special equipment or local siting of equipment.*	
What types or number of First Aid incidents have occurred in the past?	*This may give an indication of what type of incidents to prepare for, or what items to include in your First Aid box.*	
Are there any employees who travel a lot, work remotely or work alone?	*You may need to consider personal First Aid kits.*	
Do any employees work shifts or out of hours?	*You need to have First Aid provision at all times people are at work.*	
Is the site location remote from emergency medical services?	*You may need to make arrangements with local medical services of your location, activity or any at-risk individuals.*	
Do employees work at sites occupied by other employers?	*You may need to make arrangements with the other site occupiers.*	
Is there a First Aid box available?	*The minimum First Aid requirement is a suitably stocked First Aid box available on any work site.* *(see Standard on First Aid at Work, Appendix 1)*	
The above Checklist may help to highlight issues that you should consider in addition to		

completing the Assessment on the following page.

There are no hard and fast rules on exact numbers. It will depend on the circumstances of your workplace. First Aid cover must be available to cover holidays and unplanned absence.

You must inform your employees of whatever First Aid arrangements have been put in place. This may be in the form of displaying a notice informing employees of who and where the first aiders and appointed persons are and where the First Aid box is located.

A person must be appointed to take charge of First Aid arrangements and the First Aid Box

(this person may not necessarily be the First Aider)

References:

Corporate Safety Standard on First Aid at Work

First Aid at Work - The Health and Safety (First Aid) Regulations 1981, HSE L74

First Aid at Work - Your Questions Answered, HSE INDG214 (rev1)

Guidance for Heads of Establishments on First Aid Provision (Oct 2000), South Ayrshire Council HSF/06

The following table will provide a baseline assessment of the First Aid needs of your workplace.

Any factors highlighted on Page 1 should be considered to determine the appropriate level of First Aid cover required.

What degree of hazard is associated with work activities?	How many employees?	First Aid Personnel Required	Respons e
Low Hazard e.g. offices, libraries, etc.	Less than 25	At least 1 AP	
	25 – 50	At least 1 EFAW	
	More than 50	At least 1 FAW for every 100 employed or part thereof.	
Schools	-	Specific guidelines apply in the case of schools where the following apply based on risk assessment: • 2 FAWs and 2 APs in each secondary school • 1 FAW and 1 AP in each primary school • 1 FAW and 1 AP in each special needs and nursery school. Existing employees with First Aid qualifications as part of their job description provide additional First Aid cover.	
Higher Hazard e.g. engineering, dangerous machinery, sharp instruments, construction, etc.	Less than 5	At least 1 AP	
	5 – 50	At least 1 EFAW or FAW depending on type of potential injuries	
	More than 50	At least 1 FAW for every 50 employed or part thereof.	
Training should be organised with Organisational Development			

It has been agreed that First Aid Provision within these premises should be as follows:	
Managers Signature:	

Appendix 2 – Contents of a First Aid Box examples

First aid boxes and travelling first aid boxes should contain sufficient quantities of suitable first aid materials and nothing else.

These are only suggested contents list. The contents should reflect the outcome of the first-aid needs assessment.

You may wish to refer to British Standard BS 8599-1 which provides further information on the contents of workplace first-aid kits. https://www.hse.gov.uk/firstaid/faqs.htm

Minimum quantities for low-risk establishments may be considered as:
(a) A general guidance leaflet on first aid (https://www.hse.gov.uk/pubns/indg347.pdf)
(b) 20 individually wrapped sterile adhesive dressings (assorted sizes) appropriate for the work environment (detectable dressings should be available for the catering industry)
(c) 2 sterile eye pads
(d) 4 individually wrapped triangular bandages (preferably sterile)
(e) 6 safety pins
(f) 6 medium-sized individually wrapped sterile wound dressings (approx. 12cm × 12cm)
(g) 2 large sterile individually wrapped wound dressings (approx. 18cm ×18cm)
(h) At least 3 pairs pair of disposable gloves.

In situations where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline solution (0.9%) in sealed disposable containers should be provided. Once solutions have been opened they must not be re-used. The use of eye baths /cups or refillable containers is not recommended.
Extra equipment, or items required for special hazards, i.e. antidotes, may be kept in or near first aid boxes in accordance with the manufactures storage instructions, but only where the first aider has been specifically trained in their use.

Travelling First Aid Boxes

Again, the emphasis is for the contents to reflect the circumstances in which they may be used, but the following at least should be included:
(a) General guidance leaflet on first aid
(b) 6 individually wrapped sterile adhesive dressings
(c) 1 large sterile, un-medicated dressing (approximately 18cm x 18cm)
(d) 2 triangular bandages
(e) 2 safety pins
(f) Individually wrapped moist cleansing wipes
(g) 2 pairs of disposable gloves.

Other items you may wish to consider are:

- Moist Cleansing Wipes x 30
- Microporous Tape 2.5cm x 10m x 2
- Finger Dressing 3.5cm x 3.5cm x 3
- Resusciade x 1
- Foil Blanket x 2
- Burn Dressing 10cm x 10cm x 2
- Heavy Duty Clothing Shears x 1
- Conforming Bandage 7.5cm x 4m x

Appendix 3 – **Dundonald Primary Administration of Medication Consent Form**

HCP2

ADMINISTRATION OF MEDICATION - PARENTAL CONSENT FORM

Name of School or Centre:		**Class/Stage:**		**Name of Child's GP:**	
Name of Child/ Young Person:		**Date of Birth:**		**Home Address:**	
Home/Mobile Contact No.		**Emergency Contact:**		**Emergency Contact No.**	

MEDICATION

	Medication 1	**Medication 2**	**Medication 3**
Condition of illness (requirement for medication/treatment)			
Name/Type of medication/ treatment as described on original container:			
Medication / treatment prescribed by:			
For how long will your child take this medication:			
Date Dispensed:			
Dosage:			
Strength:			
Method of administration (i.e. by mouth, injection)			
Times to be given/taken:			
Special precautions:			
Side effects:			
Self-administered: YES or NO			

PARENTAL STATEMENT AND CONSENT

These conditions are identified as appropriate within the "Supporting Children and Young People with Healthcare Needs in Education" Guidance regarding the administration of medication.

Delete as appropriate (i) or (ii):

i) I confirm that my child (NAME:)_____ requires the medication(s) listed and will carry the same medicine(s) at all times for taking as required and specified above.

Or,

ii) I confirm that my child (NAME:)_____ requires the medication(s) listed and that I/we will provide a supply of same medicine(s) along with written instructions for trained staff within the school or centre who have volunteered to assist in the administration.

iii) All medication(s) supplied by me/us shall be carefully checked prior to delivery to ensure that the expiry date has not been exceeded, the medication(s) will be replaced/replenished by me/us as required. I/We understand and agree that the school are not responsible for maintaining the medication(s).

iv) I/We shall also undertake to inform the head of school / centre of any changes in the medication(s) immediately, and shall provide an appropriately labelled supply accompanied with any changes to the instructions.

Parent /Carer Full Name: (Please Print) **Signature:** **Date:**

Certified By (Please Print): (Head of School or Centre) **Signature:** **Date:**

Appendix 4

Dundonald Primary School Medicine Log

Details of medication received, administered, returned to parents and/or disposed of should be recorded.

All detailed information will be on the child's own consent and administration of medicine record.

Medications/Epipen in school medicine log and reviews

Class	Know as	Surname	Med & Consent form rec.	Comment	Expiry date	Review for Aug	Review for sept	Review for Oct	Review for Nov	Review for Dec	Review for Jan	Review for Feb	Review for March	Review for April	Review for May	Meds sent home

Appendix 5

Dundonald Primary School Administration of Medicine Record

HCP3

RECORD OF MEDICATION ADMINISTERED

Name of School or Centre:		**Class/Stage:**			
Name of Child/ Young Person:		**Date of Birth:**		**Home Address:**	
Home/Mobile Contact No.		**Emergency Contact:**		**Emergency Contact No.**	

RECORD OF MEDICATION / TREATMENT ADMINISTERED

Date	Dosage	Medication Administered	Method of Administration (Mouth / Injection)	Reason / Event	Administered by	Witnessed by

Appendix 6

Dundonald Primary School
Refrigeration Temperature Record

DATE	TEMPERATURE	NAME	SIGNATURE

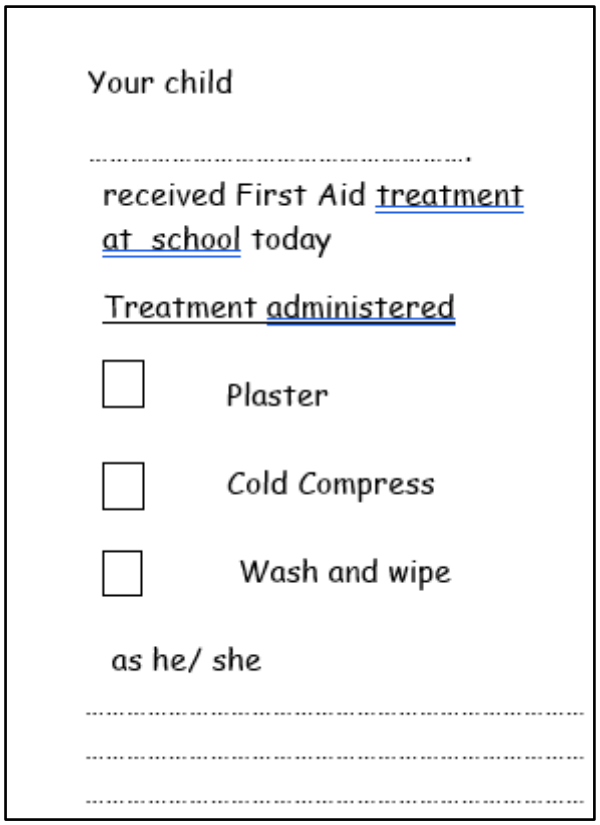
Appendix 7

Dundonald Primary School – Accident / Injury Log

South Ayrshire Schools - Accident / Injury Form

Name of person injured/involved in accident Time / Date	Brief Description of Accident / Incident (How it happened / who was involved)	Injury Type	Action Taken	Follow-Up	Name of Staff Member / First Aider
		☐ Cut / Graze ☐ Bump / Bruise ☐ Nosebleed ☐ Bump to head ☐ Irritation to eye ☐ Damage to teeth ☐ Bite / sting ☐ Strain / Sprain / Fracture ☐ Burn / scald / blister ☐ Splinter ☐ Other – please give details:	Injury treated with: ☐ Sterile cleansing wipe ☐ Plaster applied ☐ Dressing applied ☐ Ice pack applied ☐ Other – please give details:	☐ Phone call / letter to parent/carer ☐ Text message to parent/carer ☐ Medical sticker placed in child's communication diary detailing treatment ☐ Hospital treatment required (must complete AR1) ☐ AR1 required as accident/incident is reportable (i.e. it happened in connection with the child/adult's work e.g. tripped over a loose cable, loose drain cover)	
		☐ Cut / Graze ☐ Bump / Bruise ☐ Nosebleed ☐ Bump to head ☐ Irritation to eye ☐ Damage to teeth ☐ Bite / sting ☐ Strain / Sprain / Fracture ☐ Burn / scald / blister ☐ Splinter ☐ Other – please give details:	Injury treated with: ☐ Sterile cleansing wipe ☐ Plaster applied ☐ Dressing applied ☐ Ice pack applied ☐ Other – please give details:	☐ Phone call / letter to parent/carer ☐ Text message to parent/carer ☐ Medical sticker placed in child's communication diary detailing treatment ☐ Hospital treatment required (must complete AR1) ☐ AR1 required as accident/incident is reportable (i.e. it happened in connection with the child/adult's work e.g. tripped over a loose cable, loose drain cover)	

Appendix 8 – **Dundonald Primary School - First Aid Parental Notification Slip**



Your child

……

received First Aid treatment at school today

Treatment administered

☐ Plaster

☐ Cold Compress

☐ Wash and wipe

as he/ she

……

……

……

Appendix 9 – Process for accepting medication (for office use)

Process for Accepting Medication

Long Term Medication

- Ask parent to complete *Administration of Medicine Consent Form*
- Use the checklist on the form (printed version on wall) to ensure we are able to accept the medication.
- Create plastic wallet for medication and form to be stored in. This should be labelled with child's name and photograph.
- Once complete, the plastic wallet with the medication and form should be given to HT / DHT to check and sign.
- Once approved, create *Administration of Medicine Record*.
- Add medication details into *School Medicine Log*.
- Any medications to be stored in classrooms (i.e. Epipens, inhalers), must be put in the black boxes held within the classrooms.
- If a child will be administering their own medication, ensure the parents has completed the appropriate paperwork.
- If a child will be administering their own medication, ensure this is detailed on the Record Form.
- Ensure Audit of Medication is completed at the start of every month.
- Carry out 28-day review after 28 days.

Short Term Medication

- Ask parent to complete *Administration of Medicine Consent Form*
- Use the checklist on the form (printed version on wall) to ensure we are able to accept the medication.
- Create plastic wallet for medication and form to be stored in. This should be labelled with child's name and photgraph.
- Once complete, the plastic wallet with the medication and form should be given to HT / DHT to check and sign.
- Once approved, create *Administration of Medicine Record*.
- Add medication details into *School Medicine Log SHORT TERM*.
- Ensure Audit of Medication is completed at the start of every month.
- Carry out 28-day review after 28 days.

Appendix 10 – Medication Checklist (for office use)

MEDICATION CHECKLIST

BEFORE ACCEPTING ANY MEDICATION, ENSURE –

- ☐ *The medical equipment/medicine for this child is stored and is labelled with the child's name and DOB.*
- ☐ *Medication has the child's name, dose and appropriate dates on the container, and includes the information leaflet.*
- ☐ *The child has had the medication before, and parents confirm that this will not cause any allergic reaction.*
- ☐ *Approval has been sought by the HT / DHT for administration of this medicine. Signed:_____(HT / DHT)*
- ☐ *Instructions are more specific than "when required".*
- ☐ *These instructions will be reviewed after 28 days of the above date and consent will be reviewed every 3 months.*
- ☐ *Staff are appropriately trained to administer this medication.*