



## **Guidance for Policy on Administration of Medication in Pre-School and School Age Services**

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## 1.0 Purpose

The purpose of this guidance document is to provide early years (pre-school and school age) services with the regulatory requirements for the specific policy on the Administration of Medication, as set out by the [Child Care Act \(1991\) Early Years Services Regulations \(2016\)](#) and the [Child Care Act \(1991\) Registration of School Age Services \(2018\)](#). This document sets out the core requirements that should be addressed by registered providers of pre-school and school age care services in this policy. Additionally, the prompts and considerations will support registered providers to ensure that their policy and procedures are fully developed and are reflected in the practices in their service.

The information in this document should be applied to the specific policy on the Administration of Medication and the accompanying procedures of the early years service. This document should read in conjunction with the [Practical Guide to Developing Policies, Procedures and Statements in Early Years Services](#), the [Quality and Regulatory Framework](#) and/or the [National Quality Guidelines for School Age Childcare Services](#).

**Note:** *This policy is required for both pre-school and school age services. This document will provide the reader with policy considerations for their service type, the children, young people and staff members within it. Unless specified, the policy considerations within this document apply to both pre-school and school age services.*

*This document is for reference only. It should not be assumed that the guidance provided is comprehensive or that it provides a definitive answer in every situation.*

Further resources are available in [Appendix 1](#).

## Regulatory Requirements of this Policy

### **Pre-school service**

#### **Child Care Act (1991) Early Years Services Regulations (2016), Schedule 5. 1 (c)**

The policy on administration of medication in relation to a pre-school service means a policy specifying the procedure to be followed in the service to ensure the safe storage of medication in the service and administration of medication to a pre-school child attending the service.

### **School age service**

#### **Child Care Act (1991) Registration Of School Age Services Regulations, (2018) Schedule 6. 1 (b)**

A policy on administration of medication in relation to a school age service, means a policy specifying the procedure to be followed in the service to ensure the safe storage of medication in the service and administration of medication to a school age child attending the service.

## 2.0 Core policy requirements

A Policy Statement is recommended for this policy alongside the core requirements as set out further in this document. The administration of medication policy statement sets out the service's commitment to safeguard the health, well-being and welfare of children attending the service by ensuring that medication administered and stored safely, in routine and emergency situations. The policy statement specifies that the service will take appropriate measures when children are ill and that all children with medical needs receive proper care and support whilst in the service. This includes administering medication, if required, especially in an emergency situation.

### Requirement 1

The policy specifies the procedures for the safe labelling and storage of children's prescription and over the counter (non-prescription) medication.

#### **Prompts and considerations** (not an exhaustive list)

The policy specifies:

- (a) The procedures to store medicines safely and correctly (in line with manufacturer/dispenser instructions) and out of reach of children - *Unless in a school age service when the child is self-administering.*
- (b) That the service will only accept prescribed medicines that have been provided in the original container marked with the child's name, date of prescription, name of the dispensing pharmacist, prescribed dosage, expiry date and clear directions for administration, and for storage as required.
- (c) Whether the service provides a supply of anti-febrile medication (e.g. Calpol), or if parents/guardians are required to supply such medication for their own child.
- (d) That where parents/guardians provide anti-febrile medication, it must be clearly labelled with the child's name.
- (e) That staff have been provided with Information and guidance on how to store controlled medications<sup>1</sup> (e.g., Ritalin) (should they be required by children in the service).
- (f) How staff will dispose of any unused or out of date medications.
- (g) That there are clear procedures for the storage and ease of accessibility of emergency medications including when on outings<sup>2</sup>, should these be required by children.

<sup>1</sup> A controlled drug is any substance, product or preparation specified in the Schedule of the Misuse of Drugs Act 1977. See <https://www.hpra.ie/regulation/controlled-drugs>

<sup>2</sup> Cross reference with outings policy.

School age services	For school age services, the policy should detail the procedures in place to ensure the medication is available and accessible at all times to staff and children (where appropriate). The policy should consider if the medication travels with the child during transition times between the school age service and educational setting, when on outings and/or engaging with other recreational activities while attending the service
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## Requirement 2

The policy sets out the procedures for administering medication in routine and emergency situations.

### Prompts and considerations (not an exhaustive list)

The policy specifies:

- (a) The procedures to ensure that the administration of medication to a child in the service, when required, is not refused or unnecessarily delayed, and the child's care is not compromised.
- (b) That prescription and non-prescription medication can only be administered with the prior written parental/guardian permission and supply (where appropriate) of that prescribed or non-prescribed medication.
- (c) That all prescription and non-prescription medications will only be administered by a staff member who is competent and authorised to do so, *unless there is an agreement in place for a school age child to self-administer medication*.
- (d) That relevant training is provided for staff where the administration of prescription or non-prescription medicine requires specific medical or technical knowledge. Additionally, there are procedures in place to record the details of who provided the training, when the training was delivered and who received the training.
- (e) How staff members involved in administering prescription and non-prescription medication check and record when and what dosage of medication a child has received before coming to the service.
- (f) That a second staff member<sup>3</sup> must be present for the administration of prescription and non-prescription medication; that both staff members check, agree, and confirm by signature that the correct process (to include that consent has been given, the medication is given to the child it is intended for, the date, time and dosage of the last administration is known, the correct dose is administered as stated on the label/container/instructions, a record is kept of administration) has been followed when prescription and non-prescription medications are administered.
- (g) That if there is any doubt about any aspect of administration, the authorised member of staff will always check with parents/guardians and/or a health professional before taking further action.

<sup>3</sup> The requirement for a 2nd person does not apply to single-handed providers however the correct administration process must still be set out in the policy

School age services	<p>(h) For School Age Care Services- Where a child self-administers their own medication, the policy specifies the actions and procedures in place to support the child and supervise and record the self-administration. The policy states that the child's parent (s) should confirm in writing that self-administration has been authorised by the child's GP and/or consultant prior to the service agreeing to facilitate a child to self-administer a medication. A copy of the consent form(s) and letter of authorisation for self-administration is easily accessible and is available with the care plan.</p>
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Further considerations for administering emergency prescription medication e.g. epinephrine pens, inhalers).

- (a) The policy is clear that should a child potentially require the administration of an emergency medication, that the parents must inform the service of this, and that the parents, in collaboration with the service and the prescriber, arrange for appropriate training for staff, specific to the child concerned.
- (b) There are detailed procedures in place to guide practice when an emergency arises in the service set out in this policy, or clearly cross referenced to another policy such as Managing Accidents and Incidents.

Specific considerations for administering non-prescription medication (e.g. Paracetamol/ibuprofen.

- (a) It is stated in the policy that non-prescription medications are not administered routinely and are administered only when a child is presenting with symptoms that need to be treated. See more on this in [Section 3](#).

Applying suncream

- (a) The policy specifies the correct application of suncream, in line with public health messaging and best practice guidance ([see Section 3](#)).
- (b) Written parental/guardian consents are required for the application of suncream if supplied by the service.

### Requirement 3

The policy outlines the procedures for recording the administration of children's medication, and the timeframe for the retention of records.

#### **Prompts and considerations** (not an exhaustive list)

The policy specifies:

(a) That the service will maintain a record of the following:

- Medical history of each child to include medications required.
- GP contact details
- Written parental/guardian consent for administration of specific prescription and non-prescription medication
- Parental/guardian signature to indicate they have been informed of the administration of medication on collection of their child.
- Parental consent to seek emergency medical treatment.

(b) The procedures for the keeping of records of parental consents (see [Appendix 2](#) for sample) and specifies that consent forms must be completed in full.

(c) That should there be any doubt about any of the procedures related to administration, an authorised member of staff will check with parents/guardians and/or a health professional before taking further action.

(d) Where staff can access the relevant consent forms and medication administration information forms, should they need to seek consent and information from parents/guardians.

#### **School age services**

For school age services, the policy may need to detail procedures for a child to self-administer, if appropriate.

#### Requirement 4

The policy outlines the procedures for recording the administration of children's medication, and the timeframe for the retention of records.

**Prompts and considerations** (not an exhaustive list)

The policy specifies:

- (a) That written records are completed when medicines are administered to a child. Records should capture all of the required information including details about the child, consent information, details of checks completed prior to administration, details of the administration including time of administration, route and dose, the signatures of the person who administered the medication and the witness, any side effects post administration and the recording of any other relevant information or comments.

**Preschool  
services**

The policy specifies that all records related to the administration of medication are retained for a period of 2 years from the date on which the child to whom it relates ceases to attend the service, or in the case of a temporary or drop-in service, for a period of 2 years from the date on which the child attends the service.

#### Requirement 5

The policy sets out the procedures for dealing with an individual care plan<sup>4</sup>, where one is required for a child.

**Prompts and considerations** (not an exhaustive list)

The policy specifies:

- (a) That the service ensures that the care provided to each child is in line with that child's individual plan (as appropriate)
- (b) That the care plan documents any illnesses, conditions, or health issues that the child requires treatment and care for.
- (c) The details of the service's responsibilities in relation to the administration of medication, treatments and interventions required in the plan.
- (d) That where a care plan is required, it is put together by parents/guardians with guidance from a medical professional (e.g. GP, nurse specialist, other allied healthcare professional).
- (e) That where children with additional healthcare needs require first aid, that this is managed in line with the child's individual care plan.

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<sup>4</sup> An individual care plan details any chronic diseases, illnesses or other health issues that the child is receiving treatment and care for and includes any specific information about medication requirements for the child.



### 3.0 Best Practice in developing and implementing an Administration of Medication Policy

In addition to the regulatory requirements for this policy as set out in this document, service providers can enhance the quality of practice in the implementation of the administration of medication policy in the service. In this section, best practice in this policy area is outlined and further information is signposted where available.

- The implementation of this policy should reflect Siolta Standards, in particular [Standard 9 Health and Welfare](#).

#### Obtaining and recording consent

- It is both a regulatory requirement and an indication of good practice to have a clear system in place to make sure that written [parental consent](#) is obtained from parents/guardians and their consent recorded in the service prior to any administration of medication.
- There should not be a blanket consent for administration of any medication, it must only be obtained for a specific medication including non-prescription medication. Consent to administer a medication should be time limited depending on what the medication was prescribed for, for example: the normal prescription for antibiotic medication is 7 days, but this may vary so it must be given only for the exact time indicated by the prescriber.
- Medication should not be given when consent has expired. For emergency medication (like a salbutamol inhaler or adrenaline auto injector pen) consent will need to be renewed 2 weeks before the expiry date; this is to make sure there is enough time for parents/guardians to get a new prescription filled, and a fresh supply of the medication to the service.

#### Administering medication for the treatment [cuts, grazes, burns, stings, nappy rash](#)

- Medicated creams and ointments are generally not required for minor bumps, bruises, cuts, burns, rashes and stings as long as the area is kept clean and dry. If they are required to treat a specific condition, the cream, powder, or ointment must be supplied by the parent/guardian. If staff members are administering creams, powders, or ointments, they must follow hygiene procedures (for example hand washing and drying, wearing gloves).
- Parents should be informed, and a record maintained of any actions taken including any medication administered in response to a minor injury or rash. If a medication is required to reduce pain following a minor injury, this must only be given with the prior written consent of parents/guardians. Verbal consent from parents over the phone is not sufficient to proceed with administration.

#### Fever management – a temperature of more than 37.5°C

- Non-prescription medications such as Paracetamol or Ibuprofen can be safely administered to [reduce a raised temperature](#) when the child is also displaying other

symptoms of [illness/pain or discomfort](#). However, they will [not prevent febrile convulsions](#) and should not be given specifically for this purpose.

- Parents/guardians must have given written consent for these specific medications to be administered.
- Young children should [not be given aspirin](#) to treat a raised temperature and pain.

### **Sun Protection**

- Tusla's Early Years Inspectorate has published [guidance for services](#) on responding to weather conditions when children are outdoors, including advice for obtaining parental/guardian consent and the application of suncream.

### **Care plan**

- **For school age services-** the service should ensure there are appropriate pathways in place for the sharing of information regarding administration of medication while the child is attending school and/or other recreational activities to avoid an overdose of the medication and/or delayed actions in the event of an emergency. This pathway should be in line with General Data Protection Regulation requirements.
- The service should ensure the care plan specifies the dosage requirement(s) for the full day (to include during school time), communication pathways to ensure the school age service is informed when medication is administered during the school day which is outside the routine dosage, and/or communication pathways to ensure the School Age Service is informed if the child is unwell during the school day which may be related by the care plan.
- The care plan should be easily accessible for relevant staff. It should detail clearly the symptoms, actions to take, timeframes and if required when to seek medical and/or emergency assistance.

## 4.0 Appendices

### 4.1 Appendix 1 - Supporting Information

- Aistear Siolta: [Practice Guide](#)
- HSE: [Health Service Executive](#)
- HSE [Sample Sun Protection Policy on outdoor play for Early Learning Centres](#)
- HPRA: [Health Products Regulatory Authority](#)
- HSA: [Health and Safety Authority](#)
- IFAN: [Irish Food Allergy Network](#)
- Irish Cancer Society: [Sunsmart Code](#)
- PHECC: [Pre-Hospital Emergency Care Council](#)
- Tusla: [Responding to weather conditions - Guidance for early years services](#)

## 4.2 Appendix 2 - Sample consent and recording forms.

### SAMPLE MEDICATION (prescribed or non-prescribed) PARENT/GUARDIAN CONSENT FORM

Child's Full Name:	
Date of Birth:	
Details of Medical Condition to be treated:	
Name of Medication:	
If prescribed, the name and phone number of prescriber:	
Dosage of medicine to be administered:	
Route for administration of medicine (circle correct one)	Oral (by mouth)      Topical (rub in)      Inhale Injection                  Rectal Other _____
Frequency of dosage or times to be given in the service:	
Consent effective from:	Date:
Consent effective to:	Date:
Any other information e.g. storage, side effects, potential adverse reaction or special precautions as per prescriber/dispenser/manufacture:	
Printed name of parent:	
**Signature of parent or guardian consenting to the administration of this medicine:	
**Date of consent:	

A consent form is required for each medication (prescription and non-prescription) to be administered.

## MEDICATION ADMINISTRATION RECORD

Each time medication is to be administered, you must:

- Confirm the child's identity.
- Confirm that parent's/guardian's written consent has been given and is in date for the specific medication.
- Confirm when medicine was last given (in the service or elsewhere).
- Confirm the administration instructions, including the name of the medication, the method and times for administration and the required dose.
- Check whether medication is within date.
- Obtain parental signature to confirm they have been informed of the administration on collection of their child.

Child's Name \_\_\_\_\_ Child's DOB \_\_\_\_\_

Date of admin	Time of admin	Name of Medication	Dose Given	Route of administration*	Signature of person administering.	Signature of witness	Signature of parent on collection

\*Route of administration: by mouth, topical (rub in), inhale, injection, rectal.

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