MEDICATION POLICY

Holiday Clubs, Wraparound Care and Childcare Provision

Policy Statement

AJB Sports in Education is committed to supporting children who require medication while attending our provision. Medication will be managed safely, consistently and in a way that promotes children's health, dignity and inclusion.

This policy applies to Holiday Clubs, Football Academies, Activity Clubs, HAF programmes, Breakfast Clubs, After-School Care, Wraparound Care, sports camps and other childcare provision operated by AJB Sports in Education.

This policy should be read alongside AJB's First Aid Policy, Safeguarding & Child Protection Policy, Allergy/Anaphylaxis procedures, SEND & Inclusion procedures, individual healthcare/support plans and relevant site arrangements.

1. Core Principles

- Children should not be unnecessarily excluded from AJB provision because they require medication, where their needs can be safely met.
- Medication will only be administered in accordance with this policy, appropriate written information and parental/carer permission.
- Staff must never guess a dose, timing, route or instruction.
- Prescription medication must have been prescribed for the individual child by an appropriate healthcare professional.
- Medication requiring medical or technical knowledge will only be administered by staff who have received appropriate training.
- Emergency medication must be available promptly when required.
- Every administration of medication will be recorded and parents/carers informed as required.

2. Information Before Attendance

Parents/carers are responsible for providing AJB with accurate and current information about their child's medical needs and medication.

Where medication may be required during AJB provision, information should include:

- Child's full name and date of birth.
- Medical condition and relevant symptoms/triggers.

- Name and form of medication.
- Dose, route and timing.
- Reason for medication.
- Any special administration or storage instructions.
- Known side effects or emergency action.
- Parent/carer contact details.
- Healthcare plan or professional instructions where relevant.

Parents/carers must tell AJB promptly if medication, dosage, instructions or the child's condition changes.

3. Parental / Carer Permission

Medication, whether prescription or non-prescription, will only be administered where written permission for that particular medicine has been obtained from the child's parent/carer.

AJB will use a Medication Authorisation Form or equivalent written record. Permission must be sufficiently clear for staff to identify the medicine, child, dose, route, timing and circumstances in which it should be given.

WITHOUT CLEAR AUTHORISATION OR INSTRUCTIONS = DO NOT ADMINISTER UNTIL THE POSITION IS CHECKED.

4. Prescription Medication

Prescription medication will only be administered where it has been prescribed for the child by a doctor, dentist, nurse or pharmacist.

Medicines containing aspirin will only be administered where prescribed by a doctor.

Where possible, medication should be supplied in the original pharmacy/dispensing packaging showing the child's name, medicine, dosage and instructions. If the label and parental instructions conflict, staff must stop and seek clarification before administration.

5. Non-Prescription Medication

Non-prescription medication will only be administered with specific written parental/carer permission for that medicine and where AJB is satisfied that administration is appropriate and safe.

AJB will not routinely administer medication simply to enable a child who is significantly unwell to remain in provision. The child's welfare and any infection-control/exclusion requirements must be considered.

Staff must not exceed manufacturer instructions or give medication where there is uncertainty about previous doses, contraindications or whether another medicine containing the same active ingredient has been given.

6. Receiving Medication

Medication should be handed directly to an AJB staff member and must not be left unreported in a child's bag.

On receipt, staff should check, as applicable:

- The child's name.
- The medication name and form.
- Expiry date.
- Prescription/dispensing label where applicable.
- Dose and administration instructions.
- Storage requirements.
- That written permission/instructions are complete.
- Quantity or device condition where this is relevant.

Any discrepancy should be resolved before the medicine is accepted for administration.

7. Storage

Medication must be stored safely, securely and according to the manufacturer's or healthcare professional's instructions, while remaining accessible when needed.

Medication requiring refrigeration must be stored appropriately and separately/securely as necessary to prevent unauthorised access or contamination.

Emergency medication must not be locked or stored in a way that would cause an unsafe delay in an emergency.

Children should not normally carry medication themselves unless an agreed individual arrangement determines that this is safe and appropriate.

8. Administration Procedure

Before administering medication, the staff member must check the written authorisation/instructions and confirm:

- RIGHT CHILD – identity confirmed.
- RIGHT MEDICINE – correct medication and form.
- RIGHT DOSE – exact authorised/prescribed dose.
- RIGHT TIME – correct timing and previous dose information where relevant.
- RIGHT ROUTE – correct method of administration.
- RIGHT RECORD – administration documented immediately afterwards.

Where practicable within AJB's staffing arrangements, a second member of staff should check/witness administration, particularly for regular or higher-risk medication. The primary legal requirement remains that staff administering medicine are appropriately authorised, trained where needed, and that administration is accurately recorded.

Staff should explain what they are doing in an age-appropriate way and respect the child's dignity.

9. Recording Administration

A written record must be made each time medication is administered.

The record should include:

- Child's name.
- Medication.
- Dose and route.
- Date and time.
- Name/signature or identification of administering staff member.
- Second checker/witness where used.
- Any relevant observations, refusal, spillage or difficulty.
- Parent/carer notification.

Parents/carers must be informed on the same day that medication has been administered, or as soon as reasonably practicable.

10. Refusal, Missed Dose, Vomiting or Spillage

A child will not be forced to take medication.

If medication is refused, missed, vomited, spilled, dropped or cannot be administered as instructed:

- Do not automatically repeat the dose unless reliable written/professional instructions confirm that this is appropriate.
- Record what happened.
- Inform the Person in Charge.
- Contact the parent/carer promptly where further direction is needed.
- Seek medical/pharmacy advice or emergency assistance where clinically necessary.

IF YOU ARE NOT SURE WHETHER A DOSE HAS BEEN TAKEN OR SHOULD BE REPEATED, DO NOT GUESS.

11. Medication Errors

If the wrong medicine, dose, route or timing is used, or a medicine is given to the wrong child, staff must act immediately.

- Inform the Person in Charge / AJB management.
- Seek urgent medical advice appropriate to the medication and circumstances; call 999 if the child is seriously unwell or an emergency is suspected.
- Contact the parent/carer as soon as emergency action has begun.
- Preserve medication/packaging and relevant information.
- Record the incident fully.

- Consider safeguarding, regulatory, incident-reporting and risk-review requirements.

AJB management will review medication errors to identify learning, training or procedural changes.

12. Emergency Medication

Children who may require emergency medication, such as adrenaline auto-injectors, inhalers, seizure rescue medication or other prescribed emergency treatment, should have appropriate arrangements agreed before attendance wherever possible.

Relevant staff must know:

- Where the medication is stored.
- How to recognise the emergency.
- What the child's plan/instructions require.
- Who is trained to administer medication requiring specialist knowledge.
- When to call 999.

Emergency action must not be delayed while trying to contact a parent/carer.

MEDICAL EMERGENCY: FOLLOW THE CHILD'S PLAN / TRAINING -> CALL 999 WHEN REQUIRED -> CONTACT PARENT/CARER.

13. Medication Requiring Medical or Technical Knowledge

Where administration requires medical or technical knowledge, AJB will ensure that staff undertaking the task have received appropriate training.

This may include, depending on the child's needs, specialist rescue medication, diabetes-related care or other procedures directed by healthcare professionals.

AJB will not ask an untrained staff member to perform a procedure that requires specialist competence.

14. Individual Healthcare / Support Plans

For significant, long-term or complex medical needs, AJB may agree an individual healthcare/support plan with parents/carers and, where appropriate, the child's school or healthcare professionals.

The plan may cover symptoms, triggers, daily medication, emergency action, storage, staff training, activity adjustments, communication and what to do if the plan cannot be followed.

15. Allergies and Anaphylaxis

Medication for allergies and anaphylaxis must be managed alongside AJB's allergy procedures and the child's individual emergency information.

Adrenaline auto-injectors must be readily accessible to appropriate staff. Staff should follow the child's prescribed emergency plan and call 999 where anaphylaxis is suspected.

Any use of emergency allergy medication must be recorded and the parent/carer informed.

16. Asthma

Where a child has a prescribed reliever inhaler or other asthma medication, AJB will agree suitable access and administration arrangements with the parent/carer.

If a child has severe breathing difficulty, does not respond as expected to their emergency medication, or otherwise appears seriously unwell, staff must call 999.

17. Diabetes and Other Conditions

Children with diabetes, epilepsy or other medical conditions may require individualised medication and care arrangements. AJB will assess whether the child's needs can be safely met and what training, information and equipment are required.

Parents/carers should provide sufficient medication/supplies for the booked period and clear instructions for routine and emergency care.

18. Off-Site Activities

Where children leave the normal provision site, necessary medication must travel with the child/group in a safe and accessible manner.

The outing/activity risk assessment should consider medication, emergency contacts, trained staff, storage requirements and access to emergency services.

19. Handover Between School and AJB

For Wraparound Care, medication arrangements must make clear whether medication remains with the school, is transferred to AJB, is provided separately by the parent/carer, or follows another agreed process.

AJB must not assume that medication held by the school is automatically available for AJB's provision. The handover and responsibility for access must be explicitly agreed at each site and, where relevant, for each child.

20. Disposal and Return

AJB will not dispose of medication routinely unless an appropriate disposal arrangement is required and authorised. Unused, expired or discontinued medication should normally be returned to the parent/carer for safe disposal.

Sharps or specialist medical waste must be handled and disposed of using appropriate arrangements.

21. Confidentiality

Medical information is confidential. It will be shared only with staff who need the information to support the child safely or where another legitimate safeguarding/legal reason applies.

Medication records will be stored securely in accordance with AJB's Data Protection and Confidentiality policies.

22. Safeguarding

Medication concerns may also raise safeguarding issues. Staff must follow the Safeguarding & Child Protection Policy if, for example, medication is repeatedly unavailable despite being essential, instructions raise concerns about a child's welfare, there is suspected misuse, or another circumstance suggests neglect or risk of harm.

Staff must not investigate safeguarding concerns themselves; they should record and report them through AJB safeguarding procedures.

23. Significant Incidents and Regulatory Notifications

AJB management will consider whether a serious medication incident constitutes a significant event, serious injury/illness, safeguarding concern or other matter requiring notification to Ofsted or another relevant authority where AJB's registration and statutory duties require this.

Notifications will be made within the applicable statutory timescale. Medication records, incident records and actions taken will be retained as appropriate.

24. Staff Medication

Staff must ensure that their own medication is stored securely and is not accessible to children. Where a staff member's medication may be required urgently, a safe and accessible individual arrangement should be agreed.

Staff must inform management of any medication or health issue only where it may affect their ability to safely carry out their role, in accordance with AJB's suitability and confidentiality arrangements.

25. Training, Monitoring and Audit

AJB will monitor medication arrangements through staff induction, training records, site arrangements and review of medication incidents.

Management may periodically check:

- Medication authorisation forms are complete.
- Medication is stored appropriately and is in date.
- Administration records are accurate.

- Emergency medication is accessible.
- Required staff training remains current.
- Parents/carers have been informed of administrations.
- Individual plans remain current.

26. Policy Review

This policy will be reviewed at least annually or sooner where legislation, statutory guidance, EYFS/Ofsted requirements, AJB provision or a medication incident identifies a need for change.

Policy Sign-Off

Policy Owner	**AJB Sports in Education**
Version	September 2026
Policy Review Date	
Next Review Date	
Approved / Signed By	
Position	
Signature	
Date	

Staff Quick Reference

CHECK AUTHORISATION -> RIGHT CHILD -> RIGHT MEDICINE -> RIGHT DOSE -> RIGHT TIME -> RIGHT ROUTE -> RECORD -> INFORM PARENT/CARER

If instructions are unclear, the medication does not match the record, or you are unsure whether it should be given: STOP AND CHECK. Never guess.