



Greatstone Primary School

Medication and Illness Policy

Author(s):	Kate Bovingdon
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Review Date:	December 2027
References:	Statutory Framework for the EYFS (September 2024) NHS England Guidance
To be read in conjunction with	Accident and Injury Policy Foundation Stage Policy Keeping Children Safe in Education
Key contact personnel	Designated Safeguarding Leads: Mrs Kay (Head of School), Mrs F Roberts (Deputy Headteacher) Hannah Ferris (Lead DSL), Kate Bovingdon (DSL and Early Years Lead/SENCo and named Governor with lead responsibility).

Medicine and Illness Policy

The health, safety, and wellbeing of all children within the Early Learning Zone will always be our top priority. This policy outlines the procedures we, as a team, follow when a child is unwell or requires medication, ensuring compliance with the **EYFS Statutory Framework**, **Public Health guidance**, and relevant **safeguarding** responsibilities.

When a Child Becomes Unwell

If a child becomes unwell while in our care:

- We will **contact parents/carers immediately**.
- The child will be cared for in a quiet, comfortable space away from others, if appropriate.
- For the child's own wellbeing, we may request that the child be **collected immediately** to prevent the spread of infection.

Children with the following symptoms must be kept at home:

- Fever of 38°C or higher
- Diarrhoea or vomiting (must remain at home for **48 hours** after the last episode)
- Contagious rashes (e.g. chickenpox, impetigo) until cleared by a doctor or the rash has scabbed over
- Severe cough, breathing difficulty, or unusual fatigue

Exclusion Periods

We follow current **NHS and Public Health England** guidance on exclusion periods for common illnesses. A summary of which is available upon request.

Administering Medication

We will only administer medicine if:

- It is **prescribed by a doctor**, pharmacist, or dentist **and** has the child's name and dosage clearly labelled and is in date.
- If children need to take medication prescribed by a doctor, we ask parents to discuss the illness, symptoms and treatments with us prior to sending the child into the setting to ensure we are following all necessary guidance.
- The details of the medication will need to be added to the Medication Consent Form, signed by the carer prior to leaving the child in our care.
- It is imperative that parents make us aware of any medications the child has had in the previous 24 hours to arriving to ensure an overdose does not occur. This is to protect your child, carers and ourselves.
- If your child has acute allergies and carries/needs an EpiPen, please discuss the matter with us and an Allergy Action Form will be requested from the child's doctor or paediatrician. We may need additional training to administer these forms of medication in an emergency, which will be checked as soon as possible on registration at the setting or when new medication has been prescribed.

Recording and Storage

- All medications are stored **safely and securely**, out of children's reach in the fridge (staffroom) if required, medicine cabinet which is locked and located away from the children or the Red Bag should it be something which may be needed in an emergency, such as an inhaler. The bag is stored out of reach of all children and taken on outings, visits and fire evacuations.
- We will maintain a **Medication Record** noting the time, date, dose, and who administered it. Parents must sign this record on the same day.
- All staff within the setting are trained in Paediatric First Aid.

Emergency Illness or Injury

In case of a serious illness or medical emergency:

- We will call **999** and provide emergency first aid if required.
- We will contact the child's parent/carer immediately.
- If we cannot reach the parent, I will follow instructions on the **Emergency Consent Form**.

Chronic Health Conditions

If a child has a long-term medical condition (e.g. epilepsy or allergies):

- I will require a **Care Plan** completed by the parent and healthcare provider.
- I will need the same medication that you have at home to be with me at all times.
- I will work with parents and relevant professionals to ensure the child's needs are safely met in my care.

Infectious Disease Outbreak

If there is an outbreak of a contagious illness (e.g. norovirus):

- I will notify all families while maintaining confidentiality.
- I may temporarily close or limit attendance in line with public health advice.

Parental Responsibilities

Whilst we understand that families need to work and attend other appointments and such during the school day, we want all the children in our care to remain safe and healthy.

Therefore, parents must:

- Keep children at home when they are unwell or contagious
- Inform me of any illness, injury, or recent medication
- Provide up-to-date emergency contact (four different people and numbers) and medical information. It is imperative that parents and carers keep this information up to date on Arbor to prevent later problems.
- Supply all necessary medication, properly labelled with a completed form
- It is vital that parents inform us of any medication which may have given to the child before they arrive into our care. We need to know what medicine they have had, the dose and time given.

Exclusion Periods for Common Illnesses in Early Years Settings

Illness	Recommended Time to Stay at Home
Diarrhoea and/or vomiting	48 hours after the last episode
Chickenpox	Until all spots have crusted over (usually 5–7 days after rash appears)
Hand, Foot and Mouth	No exclusion needed unless the child is unwell; it is important that children have time to recover at home should they need it
Conjunctivitis	No exclusion unless advised or the child is unwell or in discomfort; encourage good hygiene
Flu/influenza-like illness	Stay home until fever is gone and the child is well enough to return
Impetigo	Until blisters have crusted over or 48 hours after starting antibiotics
Measles	For at least 4 days after the rash appears
Mumps	For 5 days after onset of swelling
Rubella (German measles)	For 4 days after rash appears
Scarlet fever	Return 24 hours after starting antibiotics
Tonsillitis / sore throat	No exclusion unless caused by Strep A – then 24 hours after antibiotics
Whooping cough (Pertussis)	48 hours after starting antibiotics (or 21 days from cough onset if not treated)
Head lice	No exclusion – treat as soon as possible
Threadworms	No exclusion , but treatment required for child and household contacts
Slapped cheek (Fifth disease)	No exclusion needed once the rash appears as long as the child is well.
Ringworm	Exclude until treatment has started
Scabies	Can return after first treatment

Date Reviewed: December 2027 or inline with changes to guidance