

MEDICINES ADMINISTRATION AND TRAINING POLICY

Purpose:

The purpose of this operational policy is to keep children and adults safe by meeting ECE Licensing Criteria – Medicine Administration HS122 and Medicine Training HS123 as at 20 April 2026.

Position Statement:

At this centre we will ensure that all medicines (prescription and non-prescription) are administered appropriately and safely by those people authorised and trained to do so and according to the category of medicine.

Medicines are clearly labelled with children's names, stored safely and out of reach of children, and records of medicines given to children clearly show who administered the medicine.

Issue Outline:

There are cases where a child's parent or doctor will say the child is well enough to attend but that the child must be given medicines over the course of the day. In other cases, a child's medical condition may be ongoing and will require medicine/s for this purpose. In these cases, it is imperative that medicine is appropriately administered and only by those authorised and trained to do so.

HS122 requires that medicine (prescription and non-prescription) is not given to a child unless it is given:

- By a doctor or ambulance personnel in an emergency or
- By the parent of the child or
- With the written authority (appropriate to the category of the medicine) of a parent.

Before an adult at the service administers medication, the person must check the medication, dosage and time reflects the parent's authorisation.

Detail:

General

Our centre complies with HS122 by ensuring that there is an adult present at all times for every 25 children attending (or part thereof) that:

- holds a current first aid qualification gained from a New Zealand Qualifications Authority accredited first aid training provider; or
- is a registered medical practitioner or nurse with a current practising certificate; or
- is a qualified ambulance officer or paramedic.
- If a child is injured, any required first aid is administered or supervised by an adult meeting these requirements.

Authorisation:

- 1) Our centre ensures that all medicines (prescription and non-prescription) are administered appropriately and safely according to their category of medicine (HS122-Schedule 2). This includes written authority from parents. This authority will be kept in the enrolment files for 7 years.

We do not accept parental permission to administer medicines that is gained over the phone . Authorisation is possible via email from parent/guardian.

- 2) Administration of medicines and signing / acknowledging medicines were administered:

Parental authority may be delegated by the parent to other authorized persons, such as other people who are responsible for having the role of providing day-to-day care for the child, and may include a biological or adoptive parent, step parent, partner of a parent of a child, legal guardian or member of the child's family, whānau or other culturally recognised family group.

The record of medicine administered to children will be kept for 2 years.



Storing Medicines:

All children's medicines need to be readily accessible in case there is an emergency, but they must be inaccessible to children. If medicine is stored in the fridge, children must not be able to access it.

Ensure that expiry dates are checked and do not administer medicine that is expired. Any expired medications must be disposed of safely and appropriately. It is recommended that medicine is returned to the parent for disposal (e.g. to be disposed of by a pharmacy).

Administration of medicine

Parents are required to clearly label medication and all parts of medications (e.g. inhalers, epi pens) with their child's name.

It is important to check that the:

- right dose
- of the right medicine
- is given to the right child
- at the right time

Categories

As at 20 April 2026, there are two categories of medicines, i.e. Category (i) and Category (ii). See Schedule 2: Categories of medicine and written authority required from parents for criterion HS122

Please note: ECE services are not permitted to hold on-site and administer paracetamol, ibuprofen or ingestible analgesics that have not been provided by a parent.

Category (i) medicines

Definition – a prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is: used for a specified period of time to treat a specific condition or symptom; and provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.

Category (ii) medicines

Definition – a prescription (such as asthma inhalers, epilepsy medication etc) or non-prescription (such as antihistamine syrup, lanolin cream etc) medicine that is used for the ongoing treatment of a pre-diagnosed condition (such as asthma, epilepsy, allergic reaction, diabetes, eczema etc); and provided by a parent for the use of that child only.

Source: Schedule 2; Licensing Criteria for centre-based ECE services

Authorisation for Category (i) medicines (written or digital)

Authorisation is provided from a parent at the beginning of the period medicine is intended to be administered, detailing:

- what (name of medicine),
- how (method and dose), and
- when (time or specific symptoms / circumstances)
- The authorisation must be renewed if the period is extended or circumstances change. Each day the medicine is given, parents acknowledge this was administered to their child. Parental acknowledgment is recorded.

Authorisation for Category (ii) medicines (written or digital)

Authorisation is provided from a parent at enrolment as part of an individual health plan detailing:

- what (name of medicine)
- how (method and dose) and
- when (time or specific symptoms or circumstances)

The authorisation to administer medicine is updated whenever there is a change. How often parents are asked to acknowledge their child received the medicine can be agreed between the service and the parents.

Clarification

Sunscreen and nappy rash barrier preparations:

- a) The Ministry of Education does not consider sunscreen a medicine and have supplied guidance for services about how to communicate to parents the use of sunscreen
- b) The Ministry of Education does not consider nappy rash barrier preparations as medicines and have supplied guidance for services about how to communicate to parents the use of nappy rash preparations.

First Aid Qualifications

To meet the First Aid requirements under Licensing Criteria HS 119 and [Schedule 1](#) of the Education (Early Childhood Services) Regulations 2008, our centre recognises any First Aid qualification from courses that:

- are delivered by a New Zealand Qualifications Authority accredited first aid provider; and -
- adults in our service must have completed two (2) relevant unit standards (6401) - Provide first aid - and 6402 – provide resuscitation level 2)
- are evidenced by a certificate issued by the trainer that is valid for a period of up to 2 years following qualification.
- The qualification can be extended for another 2 years by completing either a first aid qualification course or a revalidation course run by an accredited provider.
- Copies of current first aid certificates are held by the service.

[Relevant First Aid qualifications for ECEs](#)

Other responsibilities

- The centre manager gives written authorisation to staff who can administer medicines (prescription and non-prescription).
- Records of who is authorised to administer what medicines are maintained and all staff and relevant parents are informed.
- Medicines are stored safely and appropriately, and out of reach of children but can be accessed quickly in the event of an emergency.
- A medicine register is kept with the medicines.



- A record with specific details on all medicine given to children is kept for categories (i) and (ii) .

Medicine training

Adults who administer medicine are provided with relevant information and training relevant to the task. This may be from the child's parent or whānau, or

- The child's GP or practice nurse
 - A public health nurse
 - A nurse practitioner
 - A pharmacist
 - An ambulance officer or paramedic holding a current practising certificate
 - A foundation or society, e.g. Asthma and Respiratory Foundation NZ.
- Families of the children who require medicine will be asked to provide information. This may include use of inhalers, epi-pens for anaphylactic shock or insulin injections.
 - Adults should also be provided with training to understand what signs to look out for that indicate the child needs medication (e.g. if a child is diabetic, what are the signs for low and/or high blood sugar for this child?)
 - Training could be in the form of conversations, demonstrations or written information, and include the child's GP, practice nurse, public health nurse, a pharmacist or a foundation such as the asthma foundation.
 - A record of information and training provided is kept with the child's enrolment record (**this is separate from First Aid training**). This record is kept for the duration of the child's enrolment or the staff members' employment, whichever is longer.
 - Administers are required to double check the name of the medicine (the **right medicine**), the name of the child (medicine given to the **right child**), expiry date and the **right dose** (that medicine is correct dosage) at the **right time** (follow instructions provided by parents or medical staff).



Sudden Illness

If the child appears to be very unwell, for example they have a very high temperature, and the parent or emergency contact cannot get to the service quickly, our centre will refer to its accident, incident and illness policy HS121.

If a child who is not currently receiving medicine becomes unwell while at our centre, we will contact the parent or caregiver to let them know the child is unwell and to ask them to collect them without delay, particularly if the illness could be infectious.

If the parent or caregiver cannot collect their child, we will request they make other arrangements, such as asking their emergency contact person to pick the child up from the service.

Alignment with other policies:

HS121 – Injuries, Illnesses and Incidents Policy

Wana Tamariki Health and Safety Policy

Relevant Background, including legislation/ regulation/licencing references:

Licensing Criteria 2008, Health and Safety, Child Health and Well-Being Documentation required: HS122 and HS123

Impacts of policy on parents, staff and children:

This policy is essential for the health and safety of children. Parents need reassurance that their child will be given the right medication at the right time. Appropriate training and procedures ensure that overdoses or wrong medication are not given, and that the right child gets the right medicine at the right time.



Implications and/or Risks:

Correct implementation of this policy is essential for maintaining our licence, for keeping our children safe and our parents confident in us. These factors protect our reputation.

Implementation:

Clear procedures have been developed and staff are trained to follow them.

Medicines are kept securely out of reach of children but readily accessible for adults in the Class 1 locked fridge or the medicine box beside the First Aid kit in the bathroom.

The record of training and medicine registers are kept on the clipboard in the classroom while in use, they are otherwise filed in the Medicine Folder in the Office.

Review:

Review period:	Review annually or when there are any significant changes in regulation or other advice.
Date Updated:	20/04/2026
Next Review Date:	20/04/2027
Consultation Undertaken:	https://www.ecc.org.nz Ministry of Education - Early Learning Bulletins, Comparison Table of Licensing Criteria for Early Childhood Education and Care Centres 2008
Signed by person responsible:	Vicki Coddington – General Manager