

Early Learning

Administration of Medication Policy

1. Policy Statement/Purpose

All decisions made by educators and Uniting Victoria & Tasmania are guided by a commitment to children’s safety, rights, and best interests.

Uniting Early Learning is committed to:

- Supporting children’s agency and engaging respectfully with them in the administration of medication
- Providing a safe and healthy environment for all children, educators, staff, and other persons attending the service
- Ensuring the health support needs of any child attending the service are met
- Responding immediately to the needs of a child who is ill or becomes ill while attending the service
- Ensuring safe and appropriate administration of medication in accordance with legislative and regulatory requirements
- Maintaining a duty of care to children and users of the service.

2. Scope

This policy applies to the following groups working in Uniting Early Learning:

- Approved provider and persons with management or control
- Nominated supervisor and persons in day-to-day charge
- ECT, Educators, FDC educators and all other staff (including agency staff)
- Parent/guardians
- Contractors, volunteers, and students.

3. Policy

Medication (including prescriptions, over the counter and homeopathic medications) must not be administered to a child at a service without the authorisation of a parent or person with the authority to consent to administration of medical attention to the child. This includes during offsite excursions and activities.

In the case of an anaphylaxis or asthma emergency, where the child does not have a medical management plan or other form of authorisation, first aid treatment is provided as described in the Anaphylaxis Policy and Procedure and Asthma Policy and Procedure. In this circumstance, the child’s parent/guardian and emergency services must be contacted as soon as possible after first aid has commenced (Regulation 94). In these instances, notifications of serious incidents must be made to the regulatory authority (DE) as soon as is practicable but not later than 24 hours after the occurrence (National Law: Section 174(2), Regulation 175, 176) (refer to Incident, Injury, Trauma and Illness Policy).

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In the case of all other emergency, it is acceptable to obtain verbal consent from a parent or authorised person, or to obtain consent from a registered medical practitioner or medical emergency services if the child’s parent cannot be contacted. In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation following the direction of the child’s medical management plan.

In this circumstance, the child’s parent and/or emergency services must be contacted as soon as possible. In the case of a seizure occurring for a child living with epilepsy, emergency medication must only be administered by staff who have completed person specific training.

When educators are required to administer medication, they must abide by specific regulatory requirements, such as written consent, training requirements, and must follow the guidelines of this policy and the procedure.

3.1 Procedures relating to the safe storage of medication

- **Out of sight, out of reach:** signpost where medication is stored and store medication high up (e.g. 1.5m+ above ground) or in locked cabinets, never in bags or on tables.
- **Temperature control:** follow product instructions: refrigerate if required, using a labelled, lidded container.
- **Dedicated and labelled:** use individual medical kits for each child, clearly labelled with their name and photo, containing their medication and management plans.
- **Secure access:** only authorised staff should have access.

3.2 Procedures relating to the safe administration of medication

Two people (one of whom must be an educator) are responsible for the administration of any medication. One person will check the details (including dosage and the identity of the child who is given the medication) and witness its administration, while the other person will administer the medication. (Family day care and single staff services are exempt from the second person requirement).

Before administering any medication to a child, it is extremely important for staff to check if the child has any allergies to the medication being administered.

Procedure for administration of medication

Wash and dry hands thoroughly before administering any medication. If appropriate, gloves are recommended wherever possible.

Check the medication record to confirm date, time, dosage and the child to whom the medication is to be administered.

Check that prescription medication:

- Is in its original container, bearing the original label and instructions
- Is the correct medication, as listed in the medication record

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- Has the child’s name on it (if the medication was prescribed by a registered medical practitioner)
- Is the required dosage, as listed in the medication record
- Has not passed its expiry date.

Check that non-prescription medication:

- Is in the original container, bearing the original label and instructions.
- Is the correct medication, as listed in the medication record
- Has the child’s name on it
- Is the required dosage, as listed in the medication record
- Has not passed its expiry date.

When administering the medication, ensure that:

- The identity of the child is confirmed and matched to the specific medication
- The correct dosage is given
- The medication is administered in accordance with the instructions attached to the medication, or any written or verbal instructions provided by a registered medical practitioner
- Both staff members complete the medication record or enter the details into Xap/Harmony at the time of administration and store any remaining medication appropriately, such as in the refrigerator if required
- The Responsible Person/Educator informs the parent on arrival to collect the child that medication has been administered and ensures that the parent completes the required details in the medication record or in Xap/Harmony.

3.3 Administration of medication for ongoing medical conditions

Where a child is diagnosed with **any condition** that requires ongoing **medication** or medication to be administered in emergencies, parents may authorise the administration of the medication for a defined period (up to six months).

In these cases:

- **A medical management plan completed by the child’s doctor must be provided** and uploaded to the child’s enrolment in Xap/Harmony and on display, in all areas of the service where the child receives education and care.
- The medical management plan should define:
 - The name of the medication, dosage and frequency of administration
 - Conditions under which medication should be administered
 - What actions, if any, should be taken following the administration of the medication
- When medication is required under these circumstances, educators/staff must:
 - Follow the procedures listed above
 - Attend training as required to administer the medication
 - Ensure that the required details are completed in the medication record
 - Notify the parents as soon as is practicable.
- The Uniting [Early Learning Administration of Medication form](#) must be used for all medications.

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Administration of paracetamol/ibuprofen

There may be times when a child develops a fever while at the service. When this occurs, there may be a need to administer paracetamol/ibuprofen. A high fever in a young child can be a sign of infection and must be investigated to find the cause. However, fever itself is not necessarily an indicator of serious illness. The normal temperature range for a child is up to 38°C.

Fevers are common in children and if the child appears happy and well, there is no need to treat a fever, but it is important to watch the child for signs that the fever is a symptom of an illness that may worsen. If the child is under three months and has a fever above 38°C, the child should seek medical attention.

In the case of a high fever, parents will be notified and asked to collect the child and seek medical attention or advised that an ambulance has been called to the service.

While waiting for the child

to be collected, staff will use measures, such as removing clothing and encouraging the intake of fluids, or follow instructions provided by the paramedic.

Paracetamol/ibuprofen is not appropriate first aid or emergency treatment, and will be treated as any other medication, including requiring prior documented and signed consent for its administration.

If parents request the administration of paracetamol/ibuprofen, educators/staff will:

- Administer only to a child who has a temperature above 38.5°C and is in discomfort or pain
- Administer only one dose of paracetamol in any instance
- Use preparations that contain paracetamol only, not a 'cold and flu' or combined preparation
- Carefully follow the dosage instructions on the packaging
- Use only single doses, disposable droppers or applicators and only use once per child
- Be aware that there are numerous dose forms and concentrations in paracetamol for children and administer the most appropriate concentration and dose for the child who is being administered the paracetamol, by following the age instructions provided on the medication.

Educators will not:

- In any circumstance, administer ibuprofen to a child under the age of three months of age while in the care of the service (an infant with acute fever must be treated as a medical emergency)
- Administer paracetamol for mild fever (under 38.5°C), gastroenteritis or as a sedative
- Administer aspirin to children.

Reference

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- Staying Healthy: Preventing infectious diseases in early childhood education and care services 6th edition.

The medication record

The Uniting Early Learning medication record contains the following information:

- The name of the child
- The authorisation to administer medication (including self-administration, if applicable) signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication
- The name of the medication to be administered
- The time and date the medication was last administered
- The time and date or the circumstances under which the medication should be next administered
- The dosage of the medication to be administered
- The manner in which the medication is to be administered.

If the medication is administered to the child:

- The dosage that was administered
- The manner in which the medication was administered
- The time and date the medication was administered
- The name and signature of the person who administered the medication
- The name and signature of the person who checked/witnessed the dosage
- The signature of the parent who must complete the required details in the medication record.

Self-administered of medication

A child over preschool age may self-administer medication under the following circumstances:

- Written authorisation is provided by a person with the authority to consent to the administration of medication
 - The medical conditions policy of the service includes practices for self-administration of medication
 - Written details of the medical information and administration protocols are provided by a medical practitioner
 - The expected level of supervision is understood by all
 - Under the supervision of an educator with a current approved first aid qualification
 - Records are maintained according to relevant service legislation
- Medication for self-administration is stored safely.

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Responsibilities	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	ECT, Educators, FDC educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Ensuring that parents/guardians are provided with access to this policy <i>R171</i>	R	✓	✓		
Ensure that a medication record that meets the legislative requirements is available at all times for recording the administration of medication to children at the service <i>R92</i>	R	✓	✓		
Although only one educator on duty is required to have a current approved first aid qualification, anaphylaxis management training and asthma management training Endeavour to ensure all educators on duty have all current approved first aid qualifications <i>R136</i>	R	✓	✓		✓
Develop and review procedures for the authorisation and administration of medication required for the treatment or management of long-term conditions <i>R168</i>	R	✓			
Ensure that all educators are familiar with the procedures for the administration of medication <i>R170</i>	R	✓	✓		✓
Ensure that medication records are kept and archived securely until the end of 3 years after the last date on which the child attended the service - <i>R183</i>	R	✓	✓		
Communicate with parents about the procedures outlined in this policy and the parent responsibilities when requesting medication be administered to their child and make the medication record available for parents to record information during operational hours	✓	✓	✓		
Ensure that medication is not administered to a child attending the service unless it is authorised, and the medication is administered in accordance with the procedures prescribed in legislation, except in the case of an anaphylaxis or asthma emergency <i>R93 & R94</i>	R	✓	✓		✓
Ensuring that the parent/guardian of the child and emergency services are notified as soon as is practicable when medication has been administered in an anaphylaxis or asthma emergency <i>R93 & R94</i>	R	✓			
Obtain verbal authorisation for the administration of medication from the child's parents/ /authorised person (as recorded in the child's enrolment record), or a registered medical practitioner or medical emergency services when an authorised person cannot reasonably be contacted in an emergency <i>R93 & 94</i>	R	✓	✓		✓

Responsibilities	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	ECT, Educators, FDC educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Ensure that each child's enrolment in Xap/Harmony includes details of the name, address and telephone number of any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child and this information is kept up to date <i>R160</i>	R	✓	✓		
Ensure that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration) <i>S167</i>	R	✓	✓		✓
Be aware of children who require medication for ongoing conditions or in emergencies and ensure that their medical management plans are completed, uploaded in Xap/Harmony and displayed for use by those caring for children (being sensitive to privacy requirements) <i>R162</i>	R	✓	✓		✓
Ensure that training required to administer required medication as outlined in a medical management plan, has been completed by all staff <i>R136</i>	R	✓	✓		
Inform parents as soon as is practicable if an incident occurs where: <ul style="list-style-type: none"> • The child was administered incorrect medication or incorrect dose as prescribed in the medication record • Staff forgot to administer the medication, or the medication was administered at the wrong time In the case of incorrect medication or dosage being given, medical advice must be sought <i>R86</i>	R	✓	✓		
Ensuring that if a child over preschool age at the service is permitted to self-administer medication, a Medication Authorisation form for the child to self-administer medication is completed <i>R96</i>	R	✓	✓		✓
Determine under what circumstances a child over preschool age will be allowed to self-administer their own medication and ensuring there are appropriate procedures in place for staff to follow in these instances <i>R96</i>	R	✓	✓		✓
Inform parents that non-prescribed medication (with the exception of sunscreen) will only be administered for a maximum of 48 hours, after which a medical management plan from a doctor will be required for its continued use		✓	✓		
Ensure that when parents have provided verbal authorisation in the first instance, and medication has been administered, that written notice is provided on the Medication Record as soon as practicable <i>R93</i>	R	✓	✓		

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R indicates legislation requirement, and should not be deleted					
Inform parents that paracetamol is not supplied by the service and that the administration of paracetamol will be in line with the administration of all other medication		✓	✓		
Inform parents that a first dosage of a medication should be given at home, with sufficient time (24 hours) before the child returns to the service, to enable observation and the child's response to the medication given (except in the case of emergency medication)		✓	✓		
Administer medication in accordance with legislation and the guidelines set out in R95 & R96	R	✓	✓		
Advise parents on arrival to collect the child, that required medication has been administered and make the medication record available for parents to sign R92	R	✓	✓		
Ensure any medication that is accidentally dropped is not administered to a child or returned to the original container, and that parents are informed of an incident of this nature S167	R	✓	✓		
Ensure that all details on the medication record have been completed by parents/authorised persons in accordance with legislation prior to administering medication R92	R	✓	✓	✓	
Ensure that verbal permission is documented (as above) in the enrolment record and followed up with a written authorisation on the Medication Record as soon as is practicable R92	R	✓	✓	✓	
Ensure in services where two staff (one of whom must be an educator) are present, when verbal permission to administer medication is received, that details of this verbal authorisation are completed on the medication record and in the child's enrolment record. Ensure that the name of the two staff accepting verbal consent is recorded and that the names of the administrator and witness of the administration is also recorded R92	R	✓	✓		
Ensure that medications to be administered at the service are within their expiry date R95	R	✓	✓	✓	
Ensure that medications to be administered at the service are provided in their original container with the label intact, bearing the child's name, dosage, instructions and the expiry date R95	R	✓	✓	✓	

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R indicates legislation requirement, and should not be deleted					
Hand the medication to a staff member and inform them of the appropriate storage and administration instructions for the medication provided				✓	
Clearly label non-prescription medications and over-the-counter products (e.g. sun block and nappy cream) with the child's name. The instructions and use-by dates must be visible				✓	
Ensure that no medication or over-the-counter products are left in the child's bag or locker <i>S167</i>	R	✓	✓	✓	✓
Inform the service if any medication has been administered to the child before bringing them to the service, and if the administration of that medication is relevant to or may affect the care provided to the child at the service				✓	
Provide a current medical management plan when the child requires long-term treatment of a condition that includes medication, or their child has been prescribed medication to be used for a diagnosed condition in an emergency <i>R90</i>	R			✓	
Note: Volunteers and students, while at the service, are responsible for following this policy and its procedure					

4. Legislations/ Regulations

Children's Services Amendment Act 2019

Children's Services Regulations 2020

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

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5. Related Documents

Asthma Policy and Procedure
 Anaphylaxis Policy and Procedure
 Dealing with Medical Conditions Policy
 Diabetes Type 1 Policy and Management of Type 1 Diabetes
 Workplace Health, Safety and Wellbeing Policy
 Excursions, Regular Outings and Service Events Policy
 Hygiene and Infectious Disease Policy
 Privacy Policy
 Enrolment and Orientation Policy
 Epilepsy Policy and Procedure

Forms

Form 10.1 - [UF-EL-055-Administration of medication 10.1.docx](#)
Form 10.2 - [UF-EL-056-Medication Record \(ongoing\)-10.2.docx](#)
Form 10.3 - [UF-EL-057-Self-Administration Medication Authority Form-10.3.docx](#)

Reference/Sources

This policy should be read in conjunction with:
 Uniting Child Safety Policy – Uniting adopts the Uniting Church Australia National Child Safety Policy Framework, 2019 and the principles of this Policy Framework

[Health Direct](#)

[Immunisation: Australian Government Department of Health](#)

[National Health and Medical Research Council \(NHMRC\)](#)

[National Prescribing Service \(NPS\)](#)

National Quality Standard, Quality Area 2: Children’s Health and Safety
 Staying Healthy (6th edition, 2024) National Health and Medical Research Council
 Tasmanian Licensing Standards for Centre Based Child Care, Class 5 (0-12years)
 October 2014

Review

This policy is to be reviewed by March 2029

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