

ADMINISTERING MEDICATION POLICY & PROCEDURE

SHOOT THIS WAY

2020/21 v.1.



Introduction

If a child attending Soccer Shooters requires medication of any kind, their parent or carer must complete a **Medication Form** providing consent. Staff will not administer any medication without such written consent.

Ideally children should take their medication before arriving. If this is not possible, children will be encouraged to take personal responsibility for their medication, where this is appropriate.

To ensure that the correct medication is administered the medication provided must have a label attached which includes the child's name, the date, the type of medicine and the dosage and provided in a clear re-sealable bag.

A designated staff member will be responsible for administering medication or for witnessing self-administration by the child. The designated member of staff will ensure that it is stored securely during the session. Before any medication is given, the designated person will:

- Check that the course has received written consent
- Ask another member of staff to witness that the correct dosage is given.

When the medication has been administered, the designated person must:

- Record all relevant details

If children carry their own medication (e.g. asthma inhalers), the coaching staff will offer to keep the medication safe until it is required. Inhalers must be labelled with the child's name.

If a child refuses to take their medication, staff will not force them to do so. A senior member of staff will notify the child's parent/carer.

We appreciate certain medications require specialist training before use, e.g. Epi Pens. Where possible we will have a member of staff with specific training, however this isn't always possible. There will however always be a designated 'First Aider'. It is at the parent's discretion as to whether they choose to leave their child if a member of our team doesn't have specific or relevant training. Again, a signed letter of consent needs to be left with any instruction for staff if requested.

If a child suffers from a long term medical condition Soccer Shooters will ask the child's parents/carer to provide a medical care plan from their doctor, to clarify exactly what the symptoms and treatment are so that the course has a clear statement of the child's medical requirements.



MEDICATION FORM

Parental/Carer agreement for setting to administer medicine

Soccer Shooters will not give your child medicine unless you complete and sign this form.

	Soccer Shooters
Name of child	
Date of birth	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that Soccer Shooters need to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Soccer Shooters staff administering medicine in accordance with Soccer Shooters Administering Medication Policy. I will inform Soccer Shooters immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

