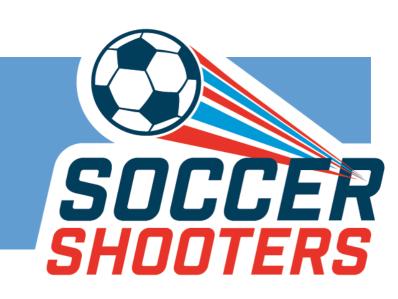


# ADMINISTERING MEDICATION POLICY & PROCEDURE

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 selfadministration 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 (as described on the container)	
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]
consent to Soccer Shooters staff administ Administering Medication Policy. I will inf	my knowledge, accurate at the time of writing and I give stering medicine in accordance with Soccer Shooters form Soccer Shooters immediately, in writing, if there is e medication or if the medicine is stopped.
Signature(s)	Date



# Record of medicine administered to all children

Soccer SHooters									
Date	Child's name	Time	Name of Medication	Dose Given	Any Reactions	Signature of staff	Print Name of staff		