



## **Rush Common Before and After School Club Professional Practice Documents ("PPD") for Medication**

### **1) Medication**

Wherever possible, children who are prescribed medication should receive this at home. If it is necessary for medication to be taken during sessions at the Club, staff will administer only medication prescribed by a doctor and only then when a written request/permission has been given by the parent/carer. Such a request must give clear guidance as to frequency, dosage and potential side effects of medication to be administered.

### **2) Procedure for Administering Medication**

2.1 A member of staff will administer the medication and ensure that:

- Prior consent has been arranged
- All necessary details are recorded
- That medication is properly labelled and safely stored during the session.
- Another member of staff acts as a witness to ensure that the correct dosage is given. Parents/carers sign in the Medication Record Book to acknowledge that the medication has been given.

2.2 If for any reason a child refuses to take their medication, staff will not attempt to force them to do so against their wishes. If and when such a situation occurs, the child's parent/carer will be notified, and the incident recorded in the Medication Record Book.

### **3) Sun Protection**

3.1 Children attending BASC will be expected to wear long lasting sunscreen.

3.2 Children will also be encouraged to wear a hat when playing outside.

The Leadership Team reviews the PPD every 3 years. It may however review the PPD earlier, if required.

Approved by the Leadership Team on 16<sup>th</sup> October 2019

Signed: *Kristen Fawcett*.....(Acting Headteacher)

Review Date: October 2022



**Before/After School Club  
Administering Medication Form**

Child's Name:.....

Date of Birth.....

Name/Type of Medication:.....

Dosage:.....

Start of Prescription:.....

End of prescription:.....

Expiry date on Medication.....

Doctors' Name:.....

Doctors' Address:.....

Doctor's Telephone Number:.....

Any other relevant medical information (allergies etc.):.....

.....

Parent/Carers Name:.....

Address:.....

.....

Emergency Contact Number:.....

I hereby consent to the Staff of Rush Common Before/After School Club administering the above medication according to the details given here and any other relevant medical advice.

Signature of Parent/Carer: .....

Date: .....

Members of staff will not be able to administer medication to your child if you do not complete this form.

Under no circumstances will members of staff administer medication against the will of a child.