# **Medication Policy & Consent**

## Administering Medication

If a young person\* attending Rossendale Drum Majorettes (RDM) requires prescription medication of any kind, their parent or primary care giver must complete a permission to administer medicine form in advance. Committee and volunteers of the group will not administer any medication without such prior written consent – we encourage self-administration where possible.

* Ideally young people\* should take their medication before arriving at the Group. If this is not possible, young people will be encouraged to take personal responsibility for their medication, if appropriate.
* If young people\* carry their own medication (e.g. asthma inhalers), the Group committee/volunteers will offer to keep the medication safe until it is required. Inhalers must be labelled with the young person’s name.
* Rossendale Drum Majorettes can only administer medication that has been prescribed by a doctor, dentist, nurse or pharmacist. If a medicine contains aspirin, we can only administer it if it has been prescribed by a doctor. All medication provided must have the prescription sticker attached which includes the young person’s\* name, the date, the type of medicine and the dosage.
* A designated staff member will be responsible for administering medication or for witnessing self-administration by the young person\*. The designated person will record receipt of the medication on a medication log and will check that the medication is properly labelled and will ensure that it is stored securely during the session.

## Before any medication is given, the designated person will.

* Check that the Group has received written consent; and
* 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 on the Record of Medication Given form; and
* Ask the young person’s parent or carer to sign the form to acknowledge that the medication has been given.

When the medication is returned to the young person’s parent or carer, the designated person will record this on the medication log.

If a young person\* refuses to take their medication, staff will not force them to do so. The Director and the young person’s parent or carer will be notified, and the incident recorded on the Record of Medication Given Form.

## Medication Given

Certain medications require specialist training before use, e.g. Epi Pens or controlled drugs. If a young person requires such medication the Chairman will arrange appropriate training as soon as possible. It may be necessary to postpone the young person’s\* membership until such training has been undertaken. Where specialist training is required, only appropriately trained volunteer may administer the medication. A young person’s\* parent or carer must complete a new permission to Administer Medication form if there are any changes to a young person’s medication (including change of dosage or frequency).

If a young person\* suffers from a long-term medical condition the Group will ask the young person's\* parents to provide a medical care plan from their doctor, to clarify exactly what the symptoms and treatment are so that the Group has a clear statement of the young person's medical requirements.

## Circumstances which young people may take non-prescription medication.

Non-prescription medication e.g. pain and fever relief may be administered to young people\* aged 16 and under, but only with the prior written consent of the parent and only when there is a health reason to do so.

## Member Medication

If members bring any medication on training or events, they need to inform a committee member and make sure the medication does not affect their abilities to take part. The medication must be stored securely and kept out of young people’s\* reach.

## Administration of First Aid

Please see the Rossendale Majorettes First Aid Policy (RDM\_P0010), in line with various legislations.

\*Young person / Young people refers to anyone under age of 16

# Consent Form for Administration of Medication

I consent to a designated RDM Committee member administering my young person’s medicine(s), providing that they are able, and have been fully trained and assessed by a competent person.

Name: ............................................................................... Date: ....................

Signature: ......................................................................... (Young Person's / Parent / Guardian)

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RDM Committee responsible (Full Name): ................................................

Date: ....................

Signature: ..........................................................................

Or

OR

I wish for my young person to administer their own medicines and I have been assessed as being able to do so by me.

Name: ............................................................................... Date: ....................

Signature: ......................................................................... (Young Person / Parent / Guardian)

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| **Medication log** |
| **Medication** | **Dosage** | **Time Administered** | **Reason** | **Administering persons signature** | **Parent or Guardians Signature** | **Medication returned to Parent / Guardian** |
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**Version Control**

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| **Version** | **Author/Reviewer** | **Date** | **Comments** |
| RDM\_P009\_A | Simon Creasey | June 2018 | Initial Draft |
| RDM\_P009\_B | Simon Creasey | September 2019 | Content review |
| RDM\_P009\_C | Becky Nightingale | August 2020 | Content review and version control |
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| RDM\_P009\_E | Emma Mainwaring | June 2024 | Content update |

This policy will be reviewed on an annual basis.