

# **ADMINISTERING MEDICATION**



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*Scottish Charity Number: SC 00 8314*

*Trust Established 1985*

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## 1 Introduction

Kilmarnock Leisure Centre Trust (KLCT) recognises that many children attending the Galleon Centre Kids Clubs suffer from a variety of ailments which require medication. To ensure these children are able to enjoy the services on offer in the Centre it is important that a procedure is in place which will enable parents to inform staff of their child's requirements and ensure staff are aware of their responsibilities in relation to storing and administering medication.

This Policy will provide a clear guideline for administering medication within the Crèche and Kids Clubs.

## 2. Policy Statement

- 2.1 The Policy will apply, without exception, to all customers who attend the Galleon Centre's Crèche and Kids Clubs.
- 2.2 Responsibility for the implementation of this Policy will rest with the General Manager.
- 2.3 The Policy sets out the approach of the KLCT in meeting its statutory requirements to be open, consistent and transparent.

## 3. Scope

This policy applies to the Galleon Centre at Titchfield Street, Kilmarnock, KA1 1QY and takes into account all employees who are responsible for the care of children attending the Crèche and Kids Clubs.

## 4. Consent

To administer any **prescribed** medication, written consent from the parent/guardian/carer is required. The Kids Club Registration Form will highlight this initially then the parent/guardian/carer should be asked to complete a "Permission for Administering Medicine" form (See Appendix 1)

## 5. Prescribed Medication

The Galleon Centre will only administer medication that has been prescribed by a Doctor, eg. antibiotics, epi-pen, inhaler etc.

When medication is supplied, the Youth Activities Co-ordinator should ensure that:

- It is in date.
- It is for a current condition.
- It is still appropriate to be used.

**The Galleon Centre will not administer non-prescribed medication.**

## **6. Administering Medication**

Medicine will be administered by the Youth Activity Co-ordinator or Duty Manager and will be witnessed by another member of staff. Children will be permitted to administer their own medicine if that is their normal procedure.

In the case of a child needing an epi-pen this will be administered by a qualified First Aider. If the child is well enough and consent has been given by the parent/guardian/carer then the epi-pen can be self-administered.

The Administration of Medicine Form (See Appendix 2) must be completed each time medication is given to a child or an epi-pen has been administered.

**Staff will not administer medication that is not clearly labelled.**

## **7. Storing of Medication**

Parents/guardian/carers are advised to bring their medication in the original packaging in a sealed tupperware container, or zipped bag, with the child's name and picture where possible. The medication will be given to the Youth Activities Co-ordinator or Duty Manager and stored in the office to ensure other children are unable to access it. A refrigerator is available to store antibiotics that have to be kept at a specific low temperature.

Medication will remain in the office for the duration of the time that the child is attending the Kids Club. It must be uplifted by the parent/guardian/carer at the end of each day.

## **8. Policy Review**

This policy will be reviewed every 3 years or earlier if research, evidence or a change in practice or legislation requires a review to be undertaken.

**Permission for Administering Prescribed Medicine**

This form must be completed for children in the Creche or Kids Club who require prescribed medicine during their visit. Medicine cannot be administered without this form being completed.

<b>Name</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Condition / illness</b>	
<b>Signs and symptoms</b> that the medicine is required for e.g. wheezing, runny eyes, itchy etc	
<b>Name of medication</b> as stated on the label	
<b>Strength of medication</b> e.g. 500mg	
<b>Form of medication</b> e.g. capsule, tablet, liquid and storage requirements	
<b>Dosage</b> instructions e.g. one tablet to be taken 3 times a day	
<b>Possible side effects to look for</b>	
<b>Method</b> e.g. syringe, spoon, spacer etc.	
<b>Date on bottle</b>	
<b>Expiry Date</b>	
<b>How long has your child to take this medicine for?</b>	
<b>I confirm my child can administer their medicine on their own (please circle)</b>	Yes                  No
<b>I will inform you of any changes to my child's medication</b>	
<b>Parents/carer signature</b>	
<b>Parent/carer emergency contact</b>	
<b>Date</b>	
<b>Youth Co-ordinator or Duty manager signature</b>	



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Appendix 2

Administration of Medicine

Name:

Date and time of administration	Name of medicine as stated on dispensing label and strength	Dose required to be given in Kids Club e.g. 5mg	Form of medicine e.g. capsule, tablet, liquid	Dose previously given at home	Dose administered	Reason and action if specified dose not given	Any notable side effects	Staff signature administering medicine	Signature of witnessing staff member	Parent signature following administration of medicine



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