

**New Referral Information Consent Form**

**Action for Children – Bucks Activity Project**

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| --- | --- | --- | --- |
| **Childs Name:** |  | | |
| If there are any major changes to your child’s and/or family needs or your contact details, please contact us. We will be contacting you annually to check that there are no changes to the information you have provided and ask you to update the consent documentation included in this pack.  **If you need any help completing this form**, in any way, please contact the office on **01296 438230**  We deliver a range of activities and clubs from lots of different venues across Buckinghamshire and just over the borders into Slough, Maidenhead, Oxfordshire, Hertfordshire and Milton Keynes. Our programme offers a choice of days and times – evenings, weekends, and school holidays for school aged children and daytime sessions for children aged under five. Our groups have different criteria, and the dynamics can vary. We want your child to thrive in the environment they attend, and your whole family to benefit from our short break offer so over and above the information you have provided regarding your child’s needs below we will also talk to you about your family’s needs so we can ensure you are receiving the level of support you need. | | | |
| Please attach a recent photograph of your child to this  form or as an attachment in your return email | | | |
| If you access one of **Action for Children’s Residential Services**, please let us know before you continue as we can gain key information from them directly, saving you time.  Merryfields, The Grove or The Vines. | | FOR OFFICE USE ONLY | |
| Date of Receipt |  |
| e-Aspire Pin |  |
| Scanned for DCF |  |

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| Child’s Full Name | | |  | | | | | | | | | |
| Known As (Preferred Name) | | |  | | | | | | | | | |
| DOB |  | | | | Age |  | | | Gender | |  | |
| **HOME ADDRESS** | | | | | | | | | | | | |
| House Name/No. | | | |  | | Street: | |  | | | | |
| Village: |  | | | | | Town: | |  | | | | |
| Postcode: | |  | | | | | | | | | | |
| How did you hear about Bucks Activity Project? | | | | | | |  | | | | | |
| Bucks Activity Project offers support to disabled children and young people aged up to their 19th birthday and who resides in Buckinghamshire. To be eligible for using Bucks Activity Project your child must meet the following definition of ‘disability’ under the Equality Act 2010  In the Act, a person has a disability if:   * they have a physical or mental impairment * the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities   For the purposes of the Act, these words have the following meanings:   * 'substantial' means more than minor or trivial * 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months * 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping   Action for Children will use the information that you provide in this document to establish your eligibility to access the service and understand how we might best provide safe and consistent care and support for your child. We need to hold up-to-date accurate information regarding your child’s needs. If you are unable to provide this, it may result in delays and/or prevent access to the service  To help us support your child, Action for Children may need to contact named professionals and access relevant information (primarily EHCP, CIN, LAC and child protection plans, but also other records as required). If you are unable to consent to this, it may result in delays and/or prevent access to the service | | | | | | | | | | | | |
| To the best of my knowledge the information I am providing in this document is accurate and provides a true reflection of my child’s needs. | | | | | | | | | | YES | | NO |
| **Name/description of child’s diagnosis (as it meets the definition as stated above):** | | | | | | | | | | | | |

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| Does your child have an Education, Health and Care Plan? | | | YES | | NO | | IN PROCESS | | |
| Please enclose a copy of your child’s most recent EHCP or… | | | | | | | | | |
| I give consent for you to access my EHCP and use it in planning the care and support of the children | | | YES | | NO | | Already attached | | |
|  | | | | Which Tier? | | | | | |
| Does your child receive disability living allowance, if yes which tier **personal care** allowance? | YES | NO | | Lower | | Middle | | | Higher |
| If yes, do they receive lower or higher **mobility allowance**? | | | | n/a | | Lower | | | Higher |
| Does your child receive Personal Independence Payment? | | | | YES | | | | NO | |
| We reserve the right to ask for further information to establish eligibility | | | | | | | | | |

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| **CONTACT DETAILS** | | | | | | | | | |
| **Parent/Guardian full name(s):** | | | | |  | | | | |
| **Contact Numbers:** For day to day correspondence (Parents/Carers) | | | | | | | | | |
| **Name** | | | **Home** | | | | **Mobile** | | **Work** |
|  | | |  | | | |  | |  |
|  | | |  | | | |  | |  |
| **Email** (please write clearly) | | |  | | | | | | |
| **Emergency Contacts:** Only contacted in an emergency and if we cannot get hold of Parents/Carers  Please include someone who speaks English if this is not your first language | | | | | | | | | |
| **Name** | | | | **Telephone** | | | | **Relationship to Child** | |
| **1** |  | | |  | | | |  | |
| **2** |  | | |  | | | |  | |
| In the interest of your child’s safety we require a **password.** We will use this information to help us establish whether we should release your child into the care of someone collecting at the end of a session. This will usually be when the person is unfamiliar or unexpected, so please tell us of any changes to the plans for who will collect your child. We reserve the right to ask for the password from anyone collecting your child at any time so please provide your chosen password and make a note for your own record. | | | | | | | | | |
| **PASSWORD** | |  | | | | **MEMORABLE WORD OR PROMPT** | |  | |

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| **KEY INFORMATION ABOUT YOUR CHILD**  Once you have completed the required paperwork and you are ready to start using the service, you will be invited for a visit where we will explore information in greater detail. | | | | | | | | | | | | | | | | | | |
| **How does your child communicate?** | | | | | | | | | | | | | | | | | | |
| Verbal | Non-Verbal | Limited Speech | | | Signing | | Symbols | | | Gestures | | | | Other: | | | | |
| First Language: | |  | | | | | Language Spoken at Home: | | | | | | |  | | | | |
| **How does your child move about?** | | | | | | | | | | | | | | | | | | |
| Appropriate to their age | | Wheelchair User  Do they need a hoist? Y/N | | | | | Requires aids or support | | | | | | Other: | | | | | |
| **Does your child require support with personal care/toileting?** | | | | | | | | | | | | | | | | | | |
| Fully Independent | | Prompts/ Reminders | | | | | Fully dependent | | | | | |  | | | | | |
| **Any restrictions to diet?** | | | | | | | **Any restricted foods, specific diets?** | | | | | | | | | | | |
| None | Only food provided from home | |  | | | | YES | NO | | | Details: | | | | | | | |
| Tube Fed | Gastrostomy | | Yes | | | No |  |  | | |  | | | | | | | |
| If your child requires gastrostomy during session – **complete the gastrostomy form**  **GASTRO FORM NEEDS TO BE SIGNED BY DIETICIAN & renewed once a year** | | | | | | | | | | | | | | | | | | |
| Any **allergies** that require medical attention:  List below:  **Do they have an Epipen?** | | | YES  YES | | | NO  NO | Any **intolerances** that can lead to becoming unwell?  List below: | | | | | | | | YES | | | NO |
| Allergies: | | | | | | | Intolerances: | | | | | | | | | | | |
| **Does your child take any regular medication, including emergency medication?** | | | | | | | | | | | | | | | | | | |
| Yes  Please complete the consent form | | | Yes – but not when on session | | | | | | | | | No | | | | | | |
| **Does your child have epilepsy?** | | | | Yes – emergency meds | | | | | Yes – no emergency meds | | | | | | | No | | |
| **THIS NEEDS TO BE SIGNED BY THE DOCTOR & updated every year** | | | | | | | | | | | | | | | | | | |
| **Does your child have asthma?** | | | | Yes – will need inhaler in session | | | | | Yes – no inhaler needed in session | | | | | | | No | | |
| **THIS NEEDS TO BE UPDATED EVERY YEAR** | | | | | | | | | | | | | | | | | | |
| **WITHOUT THIS MEDICATION CONSENT OR APPROPRIATE FORMS COMPLETED, WE ARE UNABLE TO ADMINISTER ANY MEDICATION TO YOUR CHILD** | | | | | | | | | | | | | | | | | | |
| **Is your child up to date with their tetanus injections?**  **(ie 2 months, 3 months, 4 months, 3 years, 13 years)** | | | | | | | | | | | | | | | YES | | NO | |
| **Does your child have any behaviours which might be considered challenging?** | | | | | | | | | | | | | | | YES | | NO | |
| **Does your child have a behaviour support plan that you could share with us?** | | | | | | | | | | | | | | | YES | | NO | |
| **What are their behaviours?**  (Absconding, hitting, biting, hair pull etc) | | | **Who may they harm?**  (Self, peers, staff, parents, members of public etc) | | | | | | | | | **Any known triggers?** | | | | | | |

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| **SUPPORTING YOUR CHILD** | | | | | | | | | | | | | | | | |
| **Is your child at risk of choking when eating or drinking?** | | YES | | NO | **Does your child have a safe swallow?** | | | | | | | YES | | | NO | |
| **Which statement best describes your child** | | | | | | | | | | | | | | | | |
| Eats only what they are given/offered | Eats what they are given, but needs support | | Regularly refuses food | | | Will pick at food throughout session | | | | Will eat anything, seek it and may take from others | | | | | | |
| If your child is tube fed (gastro or naso feed) we will need you to provide a written care plan that details the feeding procedure and use of equipment specific to your child. | | | | | | | | | | | | | | | | |
| **Does your child have any other health needs/medical conditions that we need to know about?**  (Hayfever, heart conditions, previous medical conditions, previous operations etc.) | | | | | | | | | | | | | | | | |
| **Is your child likely to place objects in their mouth and/or up their nose?** | | | | | | | | | | | | YES | | | NO | |
| **Does your child struggle to follow instructions?** | | | | | | | | | | | | YES | | | NO | |
| **Does your child have a sense of danger?** | | | | | | | | | | | | YES | | | NO | |
| **Does your child have any SIGHT, HEARING OR OTHER SENSORY DIFFICULTIES?**  Details: | | | | | | | | | | | | YES | | | NO | |
| **Could anything make your child upset/anxious/distressed?**  (New, busy places, new staff, change) | | **Any risky behaviours?**  (Strangers, crossing roads, absconding) | | | | | **Any fears or phobias?**  (balloons, hand dryers, screaming) | | | | | | | | |
| **Does your child enjoy swimming?** (One of our most popular activities!) | | | | | | | | | | | YES | | | NO | |
| **What level of support does your child need in the water?** | | | | | | | | | Low | | Med | | | High | |
| **Do you consent to your child consuming appropriate refreshments provided by the service?** (Squash, Water, Biscuits, Rice Cakes, Fruit, Small sweets) | | | | | | | | YES | | NO | | | Within reason & dietary req. | | |
| **Occasionally we may cook or bake something, do you consent to your child consuming what they have made?** | | | | | | | | YES | | NO | | | Within reason & dietary req. | | |

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| **ETHNICITY/CULTURAL BACKGROUND**  Please indicate the ethnicity of your child below: | | | | | | | |
| **A: White** | | **B: Mixed Ethnic Background** | | **C: Asian** | | **D: Black** | |
| White British |  | White and Black Caribbean |  | Bangladeshi |  | African |  |
| White Irish |  | White and Black African |  | Indian |  | African Caribbean |  |
| White Other:  Please specify |  | White and Asian |  | Pakistani |  | Black Other:  Please specify |  |
| Mixed Other:  Please specify |  | Asian Other:  Please specify |  |
| **E: Any Chinese background** |  | **F: Any other ethnic background:**  **Please specify** | | |  | **G: Prefer not to say** |  |
| **IDENTITY:** Are there any issues relating to race, religion or culture that you would like to ensure that we are aware of? | | | | | | | |

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| **PROFESSIONALS INVOLVED** – please tell us about other professionals involved with your child | | | | | | | | | | | |
| **GP NAME:** | |  | | | CONTACT NO. | | |  | | | |
| ADDRESS: | | | | | | | | | | | |
| **CONSULTANT NAME:** | |  | | | CONTACT NO. | | |  | | | |
| HOSPITAL: | | | | | LEAD AREA: | | | | | | |
| **NURSE NAME:** | |  | | | CONTACT NO. | | |  | | | |
| ADDRESS: | | | | | | | | | | | |
| **SCHOOL:** | |  | | | CONTACT NO. | | |  | | | |
| ADDRESS: | | | | | CURRENT TEACHER OR CLASS: | | | | | | |
| **SOCIAL WORKER:** | |  | | | CONTACT NO. | | |  | | | |
| **Subject to:** | | Open to Review | | CIN Plan | | Child Protection | | | Other: | | |
| **OTHER PROFESSIONALS** | | | | | | | | | | | |
| NAME: |  | | POSITION: | |  | | CONTACT NO: | | |  | |
| **What happens next?** | | | | | | | | | | | |
| **Are the following completed?** | | | | | | | | | | | |
| Information consent form, including signing the consent page | | | | | | | | | | |  |
| Support Questionnaire | | | | | | | | | | |  |
| Data Protection / GDPR consent | | | | | | | | | | |  |
| Safeguarding Children Statement | | | | | | | | | | |  |
| Administration of Medication Consent  for children who require medication to be administered on session | | | | | | | | | | |  |
| Moving and Handling Assessment  for any child we are expected to support with their mobility (primarily wheelchair users) | | | | | | | | | | |  |
| Once we have received all your documents, we will review them, check eligibility and appropriate of service, before allocating a level of service, as explained in the support questionnaire document.  We will make contact with you to arrange a visit session for yourself and your child/ren to attend. In this session we will give you more information and learn more about your child. There will be a team leader spending time with you and a worker looking after your child with you on site and the visit shouldn’t take longer than 30 minutes**.**  **At the visit we will cover:**   * How the service works and options for your child * Service requirements * How we can best support your child and meet their needs.   Likes and dislikes  Level of support they need – engaging in play, moving around safely, personal care etc  Level of understanding and risky behaviours   * How we can support your child when they are struggling – distraction techniques * Techniques you are using at home and things you would like us to replicate if appropriate. * Further details about communication – how they communicate, key words etc. If you have anything to show us that we can then replicate; please bring this with you. * Medical conditions that may need further information or staff needing specific training (epilepsy, diabetes and allergies) * Any other settings that you may attend – how we can work together   The visit is also an opportunity for you to ask us any questions that you may have. | | | | | | | | | | | |

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| **Please mark the following consents with an “X” where relevant** | | | | **Yes** | **No** | Contact me first |
| I agree to my child participating in supervised activities and outings | | | |  |  |  |
| I agree to trained Bucks Activity Project staff administering first aid | | | |  |  |  |
| I agree to trained Bucks Activity Project staff administering medication as agreed | | | |  |  |  |
| I agree to Bucks Activity Project staff applying sun cream to my child  (sun cream must be supplied by parent/guardian in a named container) | | | |  |  |  |
| In the case of an emergency or sudden illness, I agree to my child receiving medication and any emergency dental, medical, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary and instructed by the medical authorities present | | | |  |  |  |
| I agree to inform the Project Co-ordinator of any contagious or infectious diseases or illnesses that my child has been in contact in the four weeks prior to his/her attendance to any activity | | | |  |  |  |
| I agree to inform the service if my child is unable to attend activities within 72 hours of the day of attendance, wherever possible | | | |  |  |  |
| I agree to deliver and collect my child at the agreed times and notify the service as soon as possible if there are any delays | | | |  |  |  |
| I agree for my child to having their photograph taken:  I consent to my child’s photo to being used positively in the following: | | | |  |  |  |
| **In service only** (notice boards, learning journeys etc.) | In Bucks Activity **communications** (Newsletters, leaflets etc.) | On Bucks Activity **social media** pages (website, Facebook, twitter etc) | I do not want my child to be recognisable to others  (no faces, hands only etc) | | | |
|  |  |  |  | | | |
| **DECLARATIONS** | | | | | **YES** | **NO** |
| I have read, fully understand and am satisfied that it is my responsibility to consider activities provided by Bucks Activity Project and book my child on to suitable activities that s/he will be able to access and will find enjoyable | | | | |  |  |
| I understand that I must be contactable at all times while my child is participating in activities and may be required to collect my child from an activity early if his/her behaviour is causing an unacceptable level of risk to him/herself or others or the session becomes unsafe for any reason | | | | |  |  |
| I understand that Action for Children is fully insured to offer the programme of activities available from Bucks Activity Project and I may request details of that insurance cover. | | | | |  |  |
| I understand that Bucks Activity Project will request an information update annually which I am required to complete. I also understand that I am required to inform the service of any changes that are relevant to the care of my son/daughter as changes occur. I will inform Bucks Activity Project as soon as possible of any changes in their medical or other circumstances between now and the commencement of any trip/activity. | | | | |  |  |
| I understand that some staff are trained in Team Teach and that if my child displays challenging behaviour or becomes at risk of harm, a physical intervention may be used to keep my child or others safe. | | | | |  |  |



**Bucks Activity Project – Confirmation of Consent**

**This page must be completed annually**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name of Parent/Carer:** | **Signature:** | **Signature of Young Person if over 16 years of age: if appropriate** | **Date:** |
|  |  |  |  |

We are respectful of the information you provide for us. This means we store your information securely and only use it for the purposes it was intended for. Due to the nature of the service we provide, we need to take confidential information about your child off site and out in the community to keep them safe, this is always the minimal amount we need. As part of our contract with Buckinghamshire Council we are required to provide some identifiable information such as your child’s name, date of birth, ethnicity, area of residency and your pattern of using the service to evidence the reach of the service and plan for the future. Other information such as complaints and compliments are shared with the council anonymously. We will also share information with colleagues from the council if we have any concerns about yours or your child’s safety or wellbeing. Please be aware that if you are unable to give consent to this it will prevent your child accessing Bucks Activity Project.



**Action for Children –**

**Privacy Notice**

**GDPR & Data Protection**

**Consent Form: For Children, Young People and Families using Action for Children services.**

**Who we are:**

Action for Children is a leading children’s charity providing local services for children, young people, and families. We want you to be happy with the information you give us and understand how it is used. Please read our leaflet ‘Our commitment to you keeping your information safe and secure’. Buckinghamshire Council is the data controller for the information you give us. Your personal data will be processed in accordance with the provisions of the Data Protection Act 2018 and other relevant privacy regulation.

**Why we will be using your information:**

Action for Children will only use your information with your agreement for the following reasons:

* To support your child’s well-being and development
* To manage any special educational, health or medical needs for your child
* To assess your child’s progress and identify any areas of concern
* To maintain contact with you and keep you updated with information about our service
* To assess the quality of the service
* To meet our funders obligations such as monitoring delivery
* To comply with the requirements of Ofsted
* To meet our legal obligations such as safeguarding concerns

**What information we will be collecting:**

Action for Children may collect the following information about you:

* Personal details such as your and/or your child's name, date of birth, address, emergency contacts
* Referrals and assessments
* Service plans and reviews
* A running record of our contact with you and/or your child
* Letters, emails, text messages and other types of electronic communication
* Information about education settings
* Relevant health information
* Benefit and family credit information
* Sensitive information such as racial, ethnic origin, religious or similar beliefs

We may ask you to give us this information or we may ask someone else to give us this information, this may be from Buckinghamshire Council, Buckinghamshire Healthcare NHS Trust or your health care provider and education setting.

**Who we might share your information with:**

Action for Children will share some of the above information about you with the following organisations: Buckinghamshire Council, Ofsted, Reg 44 visitors, social workers, health care providers and education settings involved with your child.

Information may also be shared with statutory agencies such as social services or the police for the purposes of safeguarding and for detecting, preventing, or deterring a crime.

**How long we will keep your information:**

Action for Children will only keep your information as long as we need to, by law we must keep your information until your child reaches the age of 75 years. Your information will be archived (stored securely and not used or accessed but available to you if you request it). We securely destroy your information after the length of time we keep it for has passed. Where we share your information with third parties, they will keep your information in line with their retention policy.

**Your information rights:**

If you want to ask us what information we hold about you, update information, withdraw consent, make a complaint or ask questions in relation to your information, please contact someone at your local service or the Data Protection Officer at [dataprotection@actionforchildren.org.uk](mailto:dataprotection@actionforchildren.org.uk) or Action for Children, 3 The Boulevard, Ascot Road, Watford, WD18 8AG. If you are unhappy with our reply to a complaint or want to find out more about data protection and your rights or to make a compliant, visit the Information Commissioner’s Office at www.ico.gov.uk.

**Your agreement with Action for Children:**

I give my explicit consent for Action for Children to process my personal information, as described on this form.

Please sign and add your details below to show that you have completed the form:

|  |  |  |  |
| --- | --- | --- | --- |
| **Print name:** |  | | |
| **Signature:** |  | **Date:** |  |

Details of the Parent/Guardian if the person above is under the age of 13 (under 12 in Scotland) or does not have capacity to consent\*:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Relationship to person named above:** | |  | | |
| **Print name:** |  | | | |
| **Signature:** |  | | **Date:** |  |

\*The child or young person whose data is going to be processed should sign this form wherever possible. A parent or guardian should usually only sign the consent form on behalf of the child or young person where the child or young person does not have understanding of what it means to exercise their rights under the General Data Protection Regulation. Generally, children aged 12 or under will often not have sufficient capacity to sign the consent form, therefore, a parent or guardian should sign on their behalf, but each individual, their abilities and the type of personal information that Action for Children is going to process should be considered independently.



**Action for Children – Safeguarding**

At Bucks Activity Project we have a responsibility to make sure that children are developing in a safe and secure environment.  
  
Statutory Agencies (Education, Health, Children’s Social Care, Probation, Police and NSPCC) work together using the Buckinghamshire Safeguarding Children Procedures. The Safeguarding Children Board has representatives from all the above agencies and promotes and monitors the procedures. Whilst we are not a statutory agency, we aim to work in a way which provides the same level of protection to children in our care.  
  
If a child is injured in any way while attending our group, then we will always let you know how it has happened. If the injury is serious, we will notify you immediately and get the necessary medical treatment. If a child arrives at our group with an injury, it is expected that you will tell us about it. It is normal practice to ask you in any event, especially as most childhood injuries are a normal part of growing up. It is important that we communicate openly about this.  
  
There may be occasions when we have concerns about an injury, changes in behaviour, or are concerned that a child is being abused. As part of our responsibility to keep children safe we must report any concerns of this nature to Buckinghamshire Children’s Social Care Team.  
  
The law says that Children’s Social Care must look into reports of any concerning injury or risk to a child. A decision about who will inform you of this course of action will be made between ourselves and Children’s Social Care, Doctors, Health Visitors, teachers, and other relevant professional bodies all have the same responsibility as us.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| As parent/carer of |  | I have read and understand the Bucks Activity Project Statement and Responsibilities to Safeguard Children and Young People | | |
| Parent Signature: |  | | Date: |  |



**Action for Children – Moving & Handling**

Action for Children works to current legislation regarding moving and handling. This enables us to protect both the children we care for and the staff we employ. If your child requires any kind of support moving around, it is vital that you complete the Moving and Handling Assessment, included in the pack. The following questions will guide you whether you need to complete it.

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Does your child use a wheelchair? |  |  |
| Does your child use a walking aid or buggy? |  |  |
| Does your child require stabilisation support from an adult when moving around? |  |  |
| Does your child need support up from a chair or from the floor? |  |  |

If you have answered Yes to any of the above please complete the Moving and Handling Assessment in this pack

**Included in the registration pack is a Medication Consent Form which is to be completed by all parents/carers who would like to authorise trained Action for Children staff to administer any type of prescribed or over the counter medication. Without this consent we will be unable to administer any medication to your child.**



**Action for Children – Medication**

**Only applicable if you wish Action for Children to administer any kind of medication to your child on session.**

While your child is in our care, we will administer any medication they are prescribed. We are required by law to be compliant to all areas of legislation.

*Over the counter medication* – This can be administered by staff, provided a parent or guardian sends written confirmation of the name of medication and dose and time to be given. The medication must come in its original container with the instruction leaflet. The child’s name needs to be on the packaging. Vital administration information and current expiry date needs to be visible on the bottle or blister pack.

*Prescribed medication* – At Bucks Activity Project, we can only administer prescribed medication if it is received with a clear dispensing pharmacist label that has not been defaced. We have to ensure the name relates to the young person and medication is dispensed from its original container. Staff are only able to administer the dose on the pharmacy label and the expiry date must be visible. If tablets are presented in foil packaging, the expiry date must be visible on both the foil packaging and the box.

If the pharmacy label states “As directed by the doctor”, etc. we need a letter from the prescribing doctor stating what the missing or amended information is.

If a prescribed medication dose changes, staff will administer the new dose as long as Bucks Activity Project has written confirmation from a doctor or consultant. This written instruction is valid for a period of six months. If the new dose is to be continued or there is a further change, Bucks Activity Project will need an updated letter or a new pharmacy label with correct information issued. Parent/Carers must not alter the prescription label in any way.

If a child stops using a form of emergency medication (inhalers, epipens, epilepsy medication), we must have confirmation, in writing, from a medical professional that your child no longer requires the medication.

Please ensure you send in a sufficient amount of medication to allow for any accidental spillages.

Due to the legal nature of administering medication, the policies and procedures are regularly updated and sometimes revised in line with changing requirements.

In this pack or email you will find an administration of medication consent form and a medication chart, which outlines all of the expectations regarding medication. These need to be signed and returned to the project.

***Please note that staff are not allowed to deviate from the set policies and have a duty to seek advice from Action for Children management and take appropriate action if they feel the prescriptions/administering of a medication could be harmful to the child.***