PATTERDALE HALL ADVENTURE LEARNING

Appendix A - Receipt and Storage of Controlled Drugs

Please note that medication will only be accepted if it meets the criteria below:

All prescribed medicine(s) must be in the original container as dispensed by a pharmacist and should be clearly labelled with the following information (which must be checked each time the medication is administered):

- The pupil's name and identification details (date of birth);
- The name of the drug;
- The prescribed dose and times(s)(Parents are asked, wherever possible, to request that the GP prescribes the smallest number of doses per day);
- The expiry date (where there is no expiry date the medication should have been dispensed within the last 6 months)
- Written instructions provided by the prescriber on the label or container, eg if the medication needs to be stored in a refrigerator;
- The pharmacist's details and notes attached to show the date the prescription was issued.
- NB: The label "To be taken as directed" does not provide sufficient information. Precise information must be supplied.

Name of Pupil:		Name of Medication:		Dosage to be administered:
School:				
Date medication received :		Amount of med		dication received:
Provided by: (parent name) Parent signature		Received by: Staff member name Staff member signature		Witnessed by: Staff member name Staff member signature
Daily Medication Check:				
Date:	Amount of medication in lockbox:	Name and signa member 1:	ature of staff	Name and signature of staff member 2:
Date:	Amount of medication in lockbox:	Name and signature of staff member 1:		Name and signature of staff member 2:
Date:	Amount of medication in lockbox:	Name and signature of staff member 1:		Name and signature of staff member 2:

Daily Medication Check:

Daily Medication	on Cneck:		
Date:	Amount of medication in lockbox:	Name and signature of staff member 1:	Name and signature of staff member 2:
Date:	Amount of medication in lockbox:	Name and signature of staff member 1:	Name and signature of staff member 2:
Date:	Amount of medication in lockbox:	Name and signature of staff member 1:	Name and signature of staff member 2:
Date:	Amount of medication in lockbox:	Name and signature of staff member 1:	Name and signature of staff member 2:
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Date:	Amount of medication in lockbox:	Name and signature of staff member 1:	Name and signature of staff member 2:
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Date:	Amount of medication in lockbox:	Name and signature of staff member 1:	Name and signature of staff member 2:

Appendix B

Administration of Controlled Drug

Name of pupil:		Drug to be administered:		
Date and time:	Dosage administered:	Administered by:	Witnessed by:	