



The Full Picture: A. The Referral Procedure

Consent approval for Self Administration of Medication

Name of Child/YP					
D.O.B.		Date			
Risk assessment carried out		Yes		No	
<ul style="list-style-type: none"> I agree to self administer medication prescribed for me by my own Doctor. I will take responsibility to safeguard the medication in my own room at all times. I will not leave any medication in inappropriate places that allows access to it by any other young person in the home. I agree to return to staff any medication, part used or obsolete for safe disposal. <p>Some medication will have specific storage requirements, for example:</p> <p>Medication that requires being stored to a certain temperature. Arrangements will be made by staff and through consultation with the pharmacist to accommodate such requirements and in line with Health and Safety procedures within the home.</p>					
Signed (Young Person)			Date		
Signed (Parent/Guardian)			Date		
Signed (Social worker)			Date		