

Self-Administration of Medicine

Name of student:	
Date of birth:	
Course:	
Address UK:	
Condition:	
Medication:	

**Please also see IHCP for further details of medication checks*

Possible Risk	Assessment- to be completed with the student		Additional Notes/Comments
Is the student under 18?	YES	NO	
Does the student have a guardian?	YES	NO	(N.B. if yes this form should be shared and agreed with them)
Does the student know and understand the medicine he/she should take, its dosage and at what time?	YES	NO	Name: Dosage: Time Taken: Duration for: Reason for taking:
Are there any side effects that staff need to be aware of and monitor?	YES	NO	If yes give details:
Will the student have to take the medication during school hours?	YES	NO	(If yes) Where the medicine will be kept: Contact staff member for the student:
Is the student able to order and collect prescriptions?	YES	NO	Frequency of collection:
Does the student have access to a safe and lockable space in which to keep the medication?	YES	NO	Place stored: Amount to be stored:

Can the student read the labels on medication containers?	YES	NO	
Is the medication clearly labeled in English?	YES	NO	
Has the student spoken to their GP and is fully confident in self-administering?	YES	NO	GP surgery in UK: GP surgery at home:
Does the Welfare Officer agree that the student has the necessary knowledge and maturity to self-administer?	YES	NO	
Does the student understand that medication may not be shared with anyone else?	YES	NO	

Duty Member of Staff (print name and sign):

Tick as appropriate:

- ☐ Student self-medicates (no support required)
- ☐ Student can self-medicate with staff support given (including verbal reminders, helping to read labels, etc.)

Details of support given by staff (if applicable)
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Assessment completed by:

Date:

Statement by Student: I confirm that I have been given all necessary information to understand how and when to administer the medication prescribed by my GP and will store this medication safely ask the appropriate member of staff on duty for assistance when needed. Date: Signature:
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