**YOUNG PERSON TEMPORARILY ABSENT**

**Delete as appropriate: CONTACT / HOSPITAL / SCHOOL TRIP / NEW PLACEMENT**

**Confirmation of medication received and returned by person with parental responsibility**

**Name of young person:** …………………………………………..…… **Date:** ………./………./………. **Time:** ……………….am/pm

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Medication** | **CD (ü)** | **Strength** | **Quantity** | **Signature (out)** | **Last dose given (date & time)** | **Quantity returned** | **Signature (in)** | **Last dose given (date & time)** |
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Name and signature of the person with parental responsibility to confirm receipt of the above medication:

Name: ………………………………………………… Signature:…………..……….……..………………………. Date:………/………./……….

**Staff should also ensure that the following information is given to their family member / carer when the young person is temporarily or permanently absent from the home.**

1. Information on the medication taken by the young person
2. Clear directions and advice on how, when and dose of the medicine the young person should have
3. The time of the last dose and when the next dose is due
4. Relevant contact numbers for any queries needed concerning the young person’s medication:
5. The homes telephone number
6. GP
7. Shropdoc/111
8. Supplying pharmacy