|  |  |  |  |
| --- | --- | --- | --- |
| Name of child |  | Children’s home |  |
| Date of birth |  | Date |  |
| Child’s Keyworker |  | Date to be reviewed |  |

Please note, medical advice must be sought if PRTN medication is continually administered for 48 hours.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name of medication  | Condition for which medication needs to be given | What medication should do | Storage requirements | Use by date |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | Name of medication  | Route  | Dose  | Maximum dosage per 24 hr period  | Minimum time interval between doses  | Name of prescriber  |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name  |  | Signature  |  | Role  |  | Date  |  |
| Name |  | Signature  |  | Role  |  | Date  |  |
| Name  |  | Signature  |  | Role  |  | Date  |  |
| Name  |  | Signature  |  | Role  |  | Date  |  |