|  |  |  |  |
| --- | --- | --- | --- |
| Name of young person |  | Children’s home |  |
| Child’s Keyworker |  | Date of plan |  |
| Advice provided by |  | Role/Designation |  |
| Date to be reviewed |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Known Medication related allergies:** |  | **Any Controlled Drugs:** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Prescribed Emergency or ‘Rescue’ Medication** | | | | |
| **Name** | **Dose** | **Time** | **Route** | **Reason** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **When the medication should be administered** |
|  |
| **How the medication should be administered (describe any specialist techniques)** |
|  |
| **Follow up actions after medication has been given** |
|  |

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