|  |  |  |  |
| --- | --- | --- | --- |
| 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**  |  |