

Form 1 – Individual treatment plan

Name of School/Setting

Childs name

Date of birth

Group/Class/Form

Childs Address

Medical diagnosis or condition

Date

Review Date

Family Contact Information – First Contact

Name

Phone Number (work)

(home)

(mobile)

Family Contact Information – Second Contact

Name

Phone Number (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone Number

General Practitioner (G.P.)

Name

Phone Number

**CHILDREN AND YOUNGER
ADULTS DEPARTMENT**

Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

Who is responsible in an emergency (state if different for off-site activities)

Form copies to

Form 2 - Parental Consent for Schools/Setting to Administer Medicine

The school/Setting will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff consent to do this.

Note: Medicines must be in the original container as dispensed by the pharmacy

Name of School/Setting	<input type="text"/>
Date	<input type="text" value="Day / Month / Year"/>
Childs name	<input type="text"/>
Date of birth	<input type="text" value="Day / Month / Year"/>
Group/Class/Form	<input type="text"/>
Medical condition or illness	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Medicine

Name/type of medicine/strength <i>(as described on the container)</i>	<input type="text"/>
Date dispensed	<input type="text" value="Day / Month / Year"/>
Expiry date	<input type="text" value="Day / Month / Year"/>
Agreed review date to be initiated by <i>(name of member of staff)</i>	<input type="text"/>
Dosage and method	<input type="text"/>
Timing – when to be given	<input type="text"/>
Special precautions	<input type="text"/>
Any other instructions	<input type="text"/>
Number of tablets/quantity to be given to School/Setting	<input type="text"/>
Are there any side effects that the School/Setting needs to know about?	<input type="text"/>
Self administration	<input type="text" value="Yes / No (delete as appropriate)"/>
Procedures to take in an emergency	<input type="text"/>

Contact Details – First Contact

Name	<input type="text"/>
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CHILDREN AND YOUNGER ADULTS DEPARTMENT

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Contact Details – Second Contact

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Name and phone number of G.P.

The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to School/Setting staff administering medicine in accordance with the School/Setting policy. I will inform the School/Setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I accept that this is a service that the School/Setting is not obliged to undertake.
I understand that I must notify the School/Setting of any changes in writing

Date _____ Signature(s) _____

Parent's signature _____

Print name _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

For School/Setting Use

Reviewed by	Date	Signature	Print Name

To be reviewed annually or if dose changes

Form 3 - Head teacher/Head of Setting Agreement to Administer Medicine

Name of School/Setting

It is agreed that (name of child) _____ will receive (quantity and name of medicine) _____ every date at (time medicine to be administered e.g. lunchtime or afternoon break) _____.

(Name of child) _____ will be given/supervised whilst he/she takes their medication by (Name of member of staff) _____

This arrangement will continue until (either end date of course of medication or until instructed by parents)

_____.

Date _____

Signed _____
(The Head teacher/Head of Setting/named member of staff)

Form 4 - Record of medicine administered to an individual child

Name of School/Setting	<input style="width: 100%;" type="text"/>
Childs name	<input style="width: 100%;" type="text"/>
Date of birth	<input style="width: 100%; text-align: center;" type="text" value="Day / Month / Year"/>
Group/Class/Form	<input style="width: 100%;" type="text"/>
Date medicine provided by parent	<input style="width: 100%;" type="text"/>
Quantity received	<input style="width: 100%;" type="text"/>
Name and strength of medicine	<input style="width: 100%;" type="text"/>
Expiry date	<input style="width: 100%; text-align: center;" type="text" value="Day / Month / Year"/>
Quantity returned	<input style="width: 100%;" type="text"/>
Dose and frequency of medicine	<input style="width: 100%;" type="text"/>
Staff signature	<hr style="border: none; border-top: 1px solid black;"/>
Signature of parent	<hr style="border: none; border-top: 1px solid black;"/>

Date	<input style="width: 100%;" type="text" value="/ /"/>	<input style="width: 100%;" type="text" value="/ /"/>	<input style="width: 100%;" type="text" value="/ /"/>
Time given	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Dose given	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of member of staff	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Staff initials	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date	<input style="width: 100%;" type="text" value="/ /"/>	<input style="width: 100%;" type="text" value="/ /"/>	<input style="width: 100%;" type="text" value="/ /"/>
Time given	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Dose given	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of member of staff	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Staff initials	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date	<input style="width: 100%;" type="text" value="/ /"/>	<input style="width: 100%;" type="text" value="/ /"/>	<input style="width: 100%;" type="text" value="/ /"/>
Time given	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Dose given	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of member of staff	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

CHILDREN AND YOUNGER ADULTS DEPARTMENT

Staff initials

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Date

/ /	/ /	/ /
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Time given

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Dose given

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Name of member of staff

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Staff initials

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Date

/ /	/ /	/ /
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Time given

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Dose given

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Name of member of staff

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Staff initials

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Date

/ /	/ /	/ /
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Time given

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Dose given

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Name of member of staff

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Staff initials

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