



## Medicine Administration Form

<b>Name of young person</b>	
<b>Date of birth</b>	
<b>Name of medicine</b>	
<b>Medical condition</b>	
<b>Dosage</b>	
<b>When should it be taken?</b> <i>e.g. time of day or at appearance of certain symptoms</i>	
<b>How should it be taken?</b> <i>e.g. via mouth, nose, ear, injection</i>	
<b>Under what circumstances should dose be repeated?</b>	
<b>How long before the medicine takes effect, what signs will usually be seen?</b>	
<b>Administration of medicine</b>	<b>Self-administer <input type="checkbox"/></b> <b>Staff to administer <input type="checkbox"/></b>
<b>Storage of medicine</b> <i>It is recommended that children self-carry an EpiPen for speed of delivery of the required dose</i>	<b>Self-carry <input type="checkbox"/></b> <b>FISH to store <input type="checkbox"/></b>

If there is no improvement after the above action has been taken, then staff will seek appropriate medical advice and endeavour to notify you.

### Terms of agreement

I hereby agree that:

- FISH staff will act in the best interest of my child. I understand that although some staff may not be medically qualified, they will administer medication in a manner which may be expected of a responsible adult carer.
- In the event of sudden illness or accident affecting my child/children whilst on FISH, if recommended by a doctor, I agree to emergency treatment including any operative treatment and/or administration of a general anaesthetic to my child/children.
- In the absence of a medically qualified person, an approved member of FISH staff may administer medication to my child in the event that he/she has need of his/her medication.

- The medication will be administered by a senior member of staff or the child's Key Worker, assisted by another member of staff.
- I will provide all medicine in the original packaging.
- I will provide any medication which has been prescribed by a doctor in the original container with the name of the child, name of the medication and the dosage clearly visible on the pharmacy's original label.
- I will check the medicine remains in-date (for EpiPens – I have checked it is not discoloured).
- I understand that the medication will be kept in a secure place.
- It is recommended that parents / carers provide two EpiPens; incase one pen fails or a second dose is required.

I agree with the above terms:

Name of parent.....

Signature of parent: .....Date:.....

Name of lead member of staff: .....

	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
Dose given					
Time given					
By whom					
Signed					

	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
Dose given					
Time given					
By whom					
Signed					

	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
Dose given					
Time given					
By whom					
Signed					

The personal information on this form will be stored and processed securely in line with the Data Protection law and other relevant legislation. We will only keep this information for as long as is administratively necessary. It will not be disclosed to third parties for marketing purposes, however we may share your child's information for support with additional needs and with emergency services in an emergency situation. Further details are available on our Data protection web page [www.guildford.gov.uk/dataprotection](http://www.guildford.gov.uk/dataprotection) or from the Information Rights Officer, Guildford Borough Council, Millmead, Guildford, GU2 4BB (email: [foi@guildford.gov.uk](mailto:foi@guildford.gov.uk)).