

PERSONAL PLAN FOR CHILDREN - PART 4 - MEDICATION RECORD

Child's Name:  D.O.B:

Does the child have a medical condition? YES  NO

If YES please describe the condition

Does the medical condition require medication? YES  NO

Is the medication required\*\* SHORT  or LONG  term?

Name of Medication:   
(please print)

How is the medication to be administered?  
ORAL  SKIN APPLICATION  OTHER

How much medication is to be administered?

What time is the medication to be administered?

Start date for medication:

In order to comply with requirements set by the Care Inspectorate, the following must be discussed with parents where possible in advance of medication to be administered to a child:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| 1 Medication prescribed by a GP/Dentist/Pharmacist   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2 Medication is in the original container  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3 Medication is clearly labelled with child's name   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 4 Information leaflet is enclosed  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Timescale of medication established<br>see above **  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 5 Parents should clarify medication their child has<br>received at SASCS during pick-up / collection<br>of their child     | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 6 Discuss Self Medication (child) with parent<br>Appendix 1  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 7 Discuss procedures to prevent too much<br>medication being administered to a child<br>Appendix 2                         | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 8 Confirm first dose of medication has been<br>administered by parents   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 9 What the procedures<br>would be if the child refuses to take their<br>medication. Appendix 3.                            | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 10 The procedures SASCS<br>will follow in the event a child experiences<br>an adverse reaction to medication<br>Appendix 4 | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 11 Collection of any unused medication at a<br>time which suits parents  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

Parents Signature:

Date: