

## Medication CARE PLAN for use of Epipen

Child's Name .....D.O.B.....

Name and contact details for parent/carer:

Name and contact details for prescribing  
GP/specialist:

PHOTO

Name of my Medication:

Reason for my Medication:

Warning signs and what constitutes an emergency for me:

What to do in an emergency (how and when to administer  
epipen, when to call emergency services, when to call parents/  
carers) :

Can more than one dose be administered in 24 hours?

<b>How to support me after an emergency:</b>
<b>Any possible side effects:</b>
<b>Who will administer medication:</b> <b>All staff who have volunteered to administer medication and who have</b> <ul style="list-style-type: none"><li>• <b>Attended Paediatric First Aid Training which covers use of epipen within the past 3 years</b></li><li>• <b>Or/and received training from a GP, school nurse or other qualified health professional</b></li></ul> <b>are covered to administer when following the agreed care plan.</b>
<b>The above is in line with Ofsted and legal requirements</b>

**As parent/legal guardian, I give permission for the above named child to be given this medication as detailed in the above plan:**  
Parent/Legal Guardian:.....

**As prescribing Doctor, I agree with the above care plan for the above named child and that the child is fit to attend the scheme:**  
Prescribing Doctor : .....

**Plan agreed by (signature) :**  
Child (as appropriate) : .....  
Manager :.....  
Teacher:.....

Review Date: September 2018