

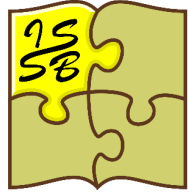
INTEGRACYJNA SZKOŁA SOBOTNIA
INTEGRATIVE SATURDAY SCHOOL
BRISTOL

Medication CARE PLAN for use of Epipen

Child's NameD.O.B.....

<p>Name and contact details for parent/carer:</p> <p>Name and contact details for prescribing GP/specialist:</p>	<p>PHOTO</p>
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<p>Name of my Medication:</p>
<p>Reason for my Medication:</p>
<p>Warning signs and what constitutes an emergency for me:</p>
<p>What to do in an emergency (how and when to administer epipen, when to call emergency services, when to call parents/ carers) :</p>

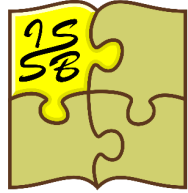


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Can more than one dose be administered in 24 hours?
How to support me after an emergency:
Any possible side effects:
Who will administer medication: All staff who have volunteered to administer medication and who have <ul style="list-style-type: none">• Attended Paediatric First Aid Training which covers use of epipen within the past 3 years• Or/and received training from a GP, school nurse or other qualified health professional are covered to administer when following the agreed care plan.
The above is in line with Ofsted and legal requirements

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



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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 202