

## Medication information and record: Individual pupil

### Student details

Name		Class	
D.O.B		Key Worker	

### Medical conditions

<b>Allergies (circle)</b>	animals	egg	grass /pollen	insect bites/stings	nuts	peanut (specifically)	medication (penicillin / paracetamol etc.)	milk	shellfish
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Other (please state)	
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Severity of reaction	variable	mild	significant	severe	life threatening
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Does the child use an epipen?	
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Does the child already have an NHS medical care plan?	
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Medical care plan to be devised?	<b>Yes</b>		<b>No</b>	
	<b>Staff responsible</b>		<b>Date agreed with parent</b>	
	<b>In place by (date)</b>			

Condition for which medication is taken	
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Name of medication	
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Dose	
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Time to be taken	
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Frequency (circle)	Daily	As needed	Other (state):
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Storage	
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Permission received by parent /carer	
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Notes	
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Condition for which medication is taken	
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Name of medication	
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Dose	
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Time to be taken	
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Frequency	Daily	As needed	Other (state):
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Storage	
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Notes	
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Instructions if forgotten / late	
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Instructions if student refuses to take	
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Parent / carer contact details	<b>Name:</b>	<b>Telephone:</b>
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