## Please record details of accidents, first aid administered, emergency G.P. visits outside of planned appointments, illnesses, adverse reactions to medication and refused or omitted doses.

## Accidents or serious illnesses requiring hospitalisation must be reported to your supervising worker or, out of hours, the Fostering Duty Team on 01603 306338

| **Date** | **Summary of Illness & Any Treatment** |
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# Family Placement Medicine Administration Record

**For Prescribed and Non-prescribed Medication   
which includes Record of Illness and Accidents**

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| **Name of Child:**  **Home Address:**  **Telephone Number:** | | **Date of Birth:** | **Month & Year:** |
| **Hospital Name & No:** | **NHS Number:** |
| Date Placement began: | Date Placement ended: | | |
| Next of Kin Contact Details: | | | |
| Name/s, Address and Telephone Number of Carer/s: | | | |
| Child’s G.P’s Name, Address and Telephone Number: | | | |
| Child’s Hospital Consultant’s Name, Location, and Telephone Number: | | | |
| Child’s Dentist’s Name, Address and Telephone Number: | | | |
| Child’s Social Worker’s Name, Address and Telephone Number: | | | |
| Medication Sensitivities/Allergies: | | | |
| Details of disability, invasive procedures and significant other treatments: | | | |
| Special dietary requirements: | | | |
| **Immediately after administration of medication, carers should print date, time and initials in the appropriate boxes. If medication cannot be given as prescribed, please indicate with ‘O’ for omitted or ‘R’ for refused and give the reasons on the back page.**  **In the event of an emergency, this record should be taken with the child to hospital.**  **All information on this record should be treated as confidential.** | | | |

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| **MEDICATION AND STRENGTH** | **DOSE AND FREQUENCY** | **ADMINISTRATION ROUTE (e.g.Oral, gastronomy)** | **REASONS FOR GIVING MEDICATION (e.g. epilepsy) SPECIAL INFORMATION (e.g.give with food)** | **RECOMMENDED TIME TO BE GIVEN** | **DATE** |
| **TIME GIVEN & INTIIALS** |
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**Check the medicine containers for expiry dates. (If a medication has a shelf-life of less than 28 days, please record the date when the container was opened under ‘Reasons for giving medication/Special information’.)**

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**Immediately after administration of medicine, carers should print date, time given**

**and initials in the appropriate boxes.**

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