

# Fledglings Medication Care Plan for use of Epipen

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

<b>Name and contact details for parent/carer:</b>  <b>Name and contact details for prescribing GP/ specialist:</b>
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<b>PHOTO</b>
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<b>Name of my Medication:</b>
<b>Reason for my Medication:</b>
<b>Warning signs and what constitutes an emergency for me:</b>

**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?**

**How to support me after an emergency:**

**Any possible side effects:**

**Expiry date of medication:**

**Who will administer medication:**

**All staff who have volunteered to administer medication and who have**

- **Attended Paediatric First Aid Training which covers use of epipen within the past 3 years, 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:**

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 :.....

Review Date: .....