|  |  |
| --- | --- |
| **Child’s Name** |  |
| **Date of Birth** |  |
| **Today’s Date**  |  |
| **Medication Name** |  |
| **Dosage Required** |  |
| **Route of admin** | Oral Topical Inhalation  |
| **Last dose given at** |  |
| **Time (s) to be given at**  |  |
| **No. of Days**  |  |
| **Duration (Dates)** | Start on Finish on |
| **Instructions** | With food After Food  |
| **Other** |  |
| **Storage** | Room Temperature Refrigerated  |
| **Other**  |  |
| **Information given to** | (Staff name) |
| **Information given by**  | (Parents name) |

|  |
| --- |
| **Consent** I agree for Scoil Beag to give my child this medicine as outlined in the above instructions **Parent/Guardian Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Details of any possible adverse reactions, reactions to other substances, negative implications and full details on the administration process have been communicated to the staff member and are noted here:**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Dosage** | **Time Given** | **Staff giving medicine** | **Witness Signature** | **Parents Signature** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Date** | **Dosage** | **Time Given** | **Staff giving medicine** | **Witness Signature** | **Parents Signature** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Medicine Administration Procedure

1. Parents must fully complete a medicine administration form prior to the administration of the medication.
2. Parents will be asked to identify and communicate to staff any possible adverse reactions to the medicine or to notify staff if the medication reacts with other substances, i.e Food. This is the parent’s responsibility and they can consult with the manufactures guidelines (label) for this information.
3. The staff member must adhere to the ‘5 rights’ of medication administration which include checking the right child, right medicine, right dose, right route and right time. This is done by using the instructions outline on the medicine consent form and also consulting the medicines label/container.
4. A second person must be present and should verify the ‘5 rights’ are correct before administration.
5. This person will then witness the administration of the medication and sign the consent form.
6. Staff can only administer a medicine which is made for the child it is to be given to, is within date and is in the original container. Staff may refuse to administer medicine where they have any uncertainty about it.
7. Antibiotics will only be administered after the child has been kept home and received the first 48 hours dosage.
8. Full documentation of all medicines administered must be kept and communicated to parents on a daily basis.