**Scarf Emergency Medication – Individual Care Plan Pro Forma**

**(including epilepsy and anaphylaxis rescue medications)**

Please note, on arrival at the Scarf activity, the child/young person’s emergency medication must be handed over to the club Supervisor at the start of the session, and must be:

• Labelled with the child/young person’s name and details of the dose required

• Sealed

• In date

If the medication does not meet these standards, a parent/carer will be required to stay with the child/young person during the activity.

Some Scarf staff have been trained to enable them to administer specific emergency medications (epilepsy and anaphylactic rescue medications) – if they are not available at any particular activity we will notify relevant parents/carers in advance as soon as possible, and a parent/carer will need to stay with their child/young person during this activity.

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| --- | --- |
| Name of child/young person: | DOB: |
| Name of parents/carers: |
| Home Telephone Number: | Mobile Number/s: |
| Address: |
| Second Contact – Name: | Relationship to child: |
| Home Telephone Number: | Mobile Number: |
| Address: |

**Information about the health or medical condition which may require the administration of emergency medication:**

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| Description of condition (eg: epilepsy or allergy with full details): |
| Description of circumstances/emergency situation in which emergency medication would need to be administered: |
| Usual frequency or timings of these circumstances (eg. if the person has epileptic seizures, how often do these occur, and what is the usual duration?): |
| Are there any known triggers, warning signs and what preventative action can be put in place? |
| Information about recovery following an emergency situation: |
| Details of prescribed preventative medication relating to this condition: |

**Procedure for use of emergency medication:**

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| What emergency medication is prescribed? |
| When should this be administered, how much should be administered (dosage) and by who? |
| Who should this be witnessed by? |
| Are there any difficulties in administering the medication (eg. vomiting, drooling) and what action should be taken? |
| Has the person needed to take the emergency medication in the past? |
| What is their usual reaction to the medication? |
| How long does it usually take to work? |
| Can a second dose of the emergency medication be administered? |
| When should this be administered (ie. how much time after the first dose), how much should be administered (dosage), and by who? |
| How much emergency medication can the person take in 24 hours? |
| Are there any side effects to the emergency medication? |
| When should an ambulance be called?(Scarf policy is to always call an ambulance if emergency medication has been given). |
| Are there any circumstances when the emergency medication should not be administered? |
| Who should be informed once the emergency medication has been administered? |

**Medical and Consent Details:**

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| --- | --- |
| Name of GP: | Phone No: |
| Name of Consultant: | Phone No: |
| I agree to members of staff administering medicines/providing treatment to my child as directed or in the case of an emergency, as staff consider necessary  |
| I recognise that I must notify the setting of any changes in writing  |
| I will supply Scarf with a letter from my child/s GP or Consultant regarding their medication (see information below)\*  |
| Name of parent/carer: |
| Signature: |
| Date: |

**\*Where occasional, regular or emergency medication is required, such as epipens, or epilepsy medication, or administration or provision of oxygen, gasto feeding, naso-gastric tube feeding, etc Scarf must have a letter from the child or young person’s GP or consultant stating:**

* **What condition the drug or medicine is for with its name**
* **How and when the drug or medicine is to be given**
* **What training of personnel is required, if any (or what medical experience is required)**
* **Any other relevant information**

This individual care plan has been agreed by the following people (including parent/guardian or person named in plan, Scarf Workers involved with person named in plan, eg. Scarf Multi-Sports Coordinator, Scarf Youth Club Leader, etc.)

|  |  |
| --- | --- |
| Name:Date: | Signature: |
| Name:Date: | Signature: |
| Name:Date: | Signature: |
| Name:Date: | Signature: |
| Name:Date: | Signature: |