**Appendix 10**

**CHILD’S RECORD OF NON PRESCRIBED (HOMELY) MEDICATION**

………………………………. Children’s Home

Child’s Name ………………….…… D.O.B……………………….……

GP………………………………..…… D.O.A.……………………….……

Allergies …………………….…… NHS Number………………….……

|  |  |
| --- | --- |
| **Homely Medication** |  |
| **Reason for Medication** |  |
| **Date purchased** |  |
| **Quantity received** |  |
| **Expiry Date of medication** |  |
| **Dose to be taken** |  |
| **Any other instructions** |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date | Time | Dose given | Amount remaining | Refused/soiled etc.Comment | Sign |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**5.04e Appendix E**

**CHILD’S RECORD OF NON PRESCRIBED (HOMELY) MEDICATION**

 Blaydon Children’s Home

Child’s Name ………………….…… D.O.B……………………….……

GP………………………………..…… D.O.A.……………………….……

Allergies …………………….…… NHS Number………………….……

|  |  |
| --- | --- |
| **Homely Medication** | **PARACETAMOL** |
| **Date purchased** |  |
| **Quantity received** |  |
| **Expiry Date of Medication** |  |
| **Dose to be taken** | **No more than 8 tablets within 24 hours** |
| **Any other instructions** | **Not to be taken with any other medication containing paracetamol** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Time | Reason for paracetamol | Dose given | Amount remaining | Sign |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |