	Reason Given	Date	Date	Date	Date	Date	Date	Date	Date
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Medication A	<u> </u>										
				The Beacon Folkestone							
Chart o	f	Start [Date://	Term:							
Name:											
Date of Birth:											
Class:											
Active Feed Chart: (de	lete as appropri	ate)		Yes /No							
ALLERGIES:											
Emergency Medication	Asthma Emer Medication P Available		Anaphylaxis Emergency Medication Plan Available	Seizure Emergency Medication Plan Available							
(Delete those which are NC applicable):	E.g. Salbutan Terbutaline, Ipratropium		E.g. Adrenaline (Jext®, Epipen®, Emerade®)	E.g. Buccal Midazolam (Buccolam®, Epistatus®, Rozolam®)							
I take my medic	cation:										
Administration Codes:											
	ation is not admi	nistered, th	ne reason is specified on	the special information							
section. Not Administered - Co	des:										
A = Absent	R = Refused		O = Omitted	NA = Not Available							
Administered - Codes	. nerasea		5 Chiletea	1 TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR							
Staff initials = Dose Admi	nistered	V = Vomited	(within 5 minutes of med	dication being administered)							
2000 / Milli			, sates of file	,							
Written by: (Name and			Checked by: (Name								
designation) Date:			and Designation) Date:								

Student Name:

	dent Na	aiiie.																																	
Quantity In	Reg	ular Medicatio	on	Time	Date	Quantity Out																													
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