



MEDICATION must be in the original box, pharmacy label clearly visible, and information leaflet enclosed. **Only** send in enough medication to last the duration of the stay together with a couple of additional days' worth (as an emergency supply). Please avoid cutting the medication packet as we need to see the expiration date. Please **do not** decant medication into dosette boxes or other bottles.

DO NOT CUT THE FOIL STRIPS – WE NEED TO SEE THE NAME OF THE MEDICATION AND ITS EXPIRY DATE

Please be **specific** with how many tablets you wish staff to administer. Especially, if the pharmacy label states - take One or Two – **we need to know exactly how many to give.**

Name of medication	Quantity sent in	Describe medication Tablet/Capsule/Liquid	Dose that you want us to give	Reason Taken
<i>Example: Paracetamol</i>	<i>Eight</i>	<i>Capsule 500mg</i>	<i>Just give <u>one</u> tablet every 4hrs</i>	<i>For Pain relief</i>

Are there any changes to your food/drinks likes and dislikes/allergies or dietary requirements?

Feedback - Compliments, Comments or Concerns: Please **Tick** this box and sign below if you are happy for us to put your anonymised compliments on our Newsletter.

We welcome your feedback, please let us know what we are doing well or is there anything you can think of which will make our service to you, better?

Parents/Carers Signature

STAFF signature:

DATE:

Manager signature:

DATE:

Pooley Heights Reception Booking Form

This document **MUST** be completed for every respite stay

Polesworth
Group Homes Ltd.



Please print your name:	
Date of your Arrival:	Date of your Departure:
TRANSPORT Please state who is collecting you? Taxi & Company Name: /relative /PA etc:	
DAY SERVICES Please provide the following information if you are using day services whilst on respite. The day service you use, the days you attend, whether a packed lunch is required and what transport is provided on those days.	
YOUR MONEY Total amount of money for STAFF to manage. £ Please state if there are any special activities or events this money must be used for.	Total amount of money enclosed for YOU to manage yourself. E.g., you keep your wallet/purse. £ Staff cannot be held responsible for monies if your loved one is managing their own budget.
YOUR BELONGINGS – please label all clothing with initials. Please Tick this box <input type="checkbox"/> and sign below, if you consent to ‘opt out’ of completing the Belongings Form (This indicates you do not wish to complete the ‘Belongings Form’. Staff will not book your loved one’s belongings in, which may result in some items not being returned to you. Pooley Heights staff will routinely wash clothing brought in (unless specific instructions are given on this form to the contrary). Please remember that some clothing may not be washed on the night before service users leave the following day.	
<u>Any special instructions with regard clothing:</u>	
Sign	
PARENT/CARER use: Are you going away for the duration of your loved ones stay? i.e., on holiday or abroad Please provide your Emergency Contact details opposite. We will only ever contact you in an emergency.	Emergency Contact Details: Holiday contact address and telephone numbers if applicable:
PARENT/CARER – MEDICATION INSTRUCTIONS Paracetamol will only be administered if it is a prescribed medication OR we have received the GP Authorisation sheet, which must be completed on a yearly basis. Paracetamol administered will not exceed the maximum dose of 8 tablets in a 24-hour and staff will leave a 4-hour gap between giving this medication. Please complete the Topical Medicines form for applying creams or ointments.	