

Record of medicine administered to an individual child

Name of school/setting
 Name of child
 Date medicine provided by parent
 Group/class/form
 Quantity received
 Name and strength of medicine
 Expiry date
 Quantity returned
 Dose and frequency of medicine

Staff signature _____

Signature of parent _____

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			