

## 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			

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

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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
