

Record of Medicine Administered to an Individual Child

|  |  |
| --- | --- |
| Name of School |       |
| Name of Child |       |
| Date Medicine Provided (by Parent) |    |    |      |  |
| Group / Class / Form |       |
| Location of Storage |       |
| 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 |       |       |       |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |       |       |       |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |    |    |    |    |    |    |    |    |    |
| Time Given |       |       |       |
| Dose Given |       |       |       |
| Name of Member of Staff |       |       |       |
| Staff Initials |       |       |       |