

## 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          |     |     |     |