



Record of Medicine Administered to an individual child.

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

Staff signature _____

Signature of parent _____

Date			
Time Given			
Dose Given			
Name of member of staff			
Staff initials			
Parent signature			

Date			
Time Given			
Dose Given			
Name of member of staff			
Staff initials			
Parent signature			

Date			
Time Given			
Dose Given			
Name of member of staff			
Staff initials			
Parent signature			

Date			
Time Given			
Dose Given			
Name of member of staff			
Staff initials			
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Dose Given			
Name of member of staff			
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Dose Given			
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Parent signature			

Date			
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Dose Given			
Name of member of staff			
Staff initials			
Parent signature			

Date			
Time Given			
Dose Given			
Name of member of staff			
Staff initials			
Parent signature			

