

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of child	
Class	
Date medicine provided by parent	
Quantity of medicine received	
Name and strength of medicine	
Expiry date	
Dose and frequency of medication	
Quantity returned	

(To be completed at end of each term)

Staff signature _____ **Signature of parent/carer** _____

Date	/ /	/ /	/ /	/ /
Time given				
Dose given				
Name of staff member				
Signatures				

Date	/ /	/ /	/ /	/ /
Time given				
Dose given				
Name of staff member				
Signatures				

BRANTON ST WILFRID'S C.E. PRIMARY SCHOOL

Date	/ /	/ /	/ /	/ /
Time given				
Dose given				
Name of staff member				
Signatures				

Date	/ /	/ /	/ /	/ /
Time given				
Dose given				
Name of staff member				
Signatures				

Date	/ /	/ /	/ /	/ /
Time given				
Dose given				
Name of staff member				
Signatures				

Date	/ /	/ /	/ /	/ /
Time given				
Dose given				
Name of staff member				
Signatures				