**RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD**

Name of school/setting ……………………………………………………………………………..

Name of child/DOB ……………………………………………………………………………..

Date medicine provided by parent ……………………………………………………………………………..

Group/class/form ……………………………………………………………………………..

Quantity received ……………………………………………………………………………..

Name and strength of medicine ……………………………………………………………………………..

Expiry Date ……………………………………………………………………………..

Dose and frequency of medicine ……………………………………………………………………………..

Parent Signature ………………………………………………………………………………………………………..

Staff Signature …………………………………………………………………………………………………………

**Date …. ……………………………………………………………. Date ………………………………………………………**

**Time Given……. ……………………………. ………………… Time Given………………………………………………**

**Name of member of staff …………………………………. Name of member of staff ……………………….**

**Date ………………………………………………………………… Date ……………………………………………………….**

**Time Given …………………………………………. …………. Time Given……………………………………………..**

**Name of member of staff………………………………… Name of member of staff………………………..**

**Date ………………………………………………………………. Date………………………………………………………..**

**Time Given…………………………………………………….. Time Given……………………………………………..**

**Name of member of staff………………………………. Name of member of staff...………………………**