

Record of Medicine Administered to an Individual Child

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

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

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| Time Given |  | | |  | | |  | | |
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| Dose Given |  | | |  | | |  | | |
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| Staff Initials |  | | |  | | |  | | |