

**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.....**

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