



Request for medicine to be administered

Name of child				
Date of Birth				
Class				
Date medicine provided by parent				
Name of medicine				
Dosage required and times				
Medical condition				
Expiry date				
Quantity and Date returned				

Signature of parent _____

Record of medicine administered

Date									
Time given									
Dose given									
Name of member of staff									
Staff initials									

Date									
Time given									
Dose given									
Name of member of staff									
Staff initials									

Record of medicine administered to an individual child (continued)

Date									
Time given									
Dose given									
Name of member of staff									
Staff initials									
Date									
Time given									
Dose given									
Name of member of staff									
Staff initials									
Date									
Time given									
Dose given									
Name of member of staff									
Staff initials									
Date									
Time given									
Dose given									
Name of member of staff									
Staff initials									