



Primary School Record of Medicine Administered to an Individual Child

Child's Name:	
Class:	
Date medicine provided by Parent/Carer:	
Quantity received:	
Name and strength of medicine:	
Expiry date:	
Quantity returned:	
Dose and frequency of medicine:	
Does the medicine need to be kept in the fridge?	

Staff signature: <i>(Medicine collected off an adult with paper work completed and signed)</i>	
<p>I confirm that a doctor has prescribed the above medication/I am supplying a non-prescribed medication (please delete as appropriate).</p> <p>I confirm my child has had at least one dose of this medicine at home with no adverse reaction.</p> <p>I give permission for the First Aid trained member of staff to administer the medication to my child during the time they are in school.</p> <p>Parent/Carer signature: _____ Date: _____</p>	

Date						
Time given						
Dose given						
Initials and signature of staff (1)						
Initials and signature of staff (2)						

Date						
Time given						
Dose given						
Initials and signature of staff (1)						
Initials and signature of staff (2)						

Date						
Time given						
Dose given						
Initials and signature of staff (1)						
Initials and signature of staff (2)						

