

RECORD OF MEDICATION ADMINISTERED TO INDIVIDUAL CHILDREN

Childs name	Method of administration	
Name of medication	Strength	
Name of School		

N.B. Check date of dispensing is within three months and medication has not expired

If in doubt please contact dispensing source for further advice (see label).

Parent to sign form prior to the child going home.

Date	Dose	Time	Date of dispensing	Comments eg refused medication, dropped seizure etc	Signature of staff member Giving medication	Manager signature	Parent signatur e