



# Record of medicine administered to an individual child

**Any Medication that is prescribed will need to be given to the school in the original packaging with the label showing Name, Date and Dose.**

Name of school/setting	St Peter-in-Thamet CEJ School
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Medical condition	

Parent/Carer Name (Print) \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

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

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

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

<b>Date</b>			
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff Signature</b>			

<b>Date</b>			
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff signature</b>			

<b>Date</b>			
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff signature</b>			

<b>Date</b>			
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff signature</b>			

<b>Date</b>			
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff signature</b>			

<b>Date</b>			
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff signature</b>			