

Record of medicine administered to an individual child

Name of School/setting	Gravenhurst Academy
Name of Child	
Date Medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry Date	
Quantity returned and date returned	
Dose and frequency of medicine	
Reason for medication	
Parent Signature	
Receiving Staff Member	

Record of Administration

Date			
Time given			
Dose given			
Staff Name			
Staff initials			

Date			
Time given			
Dose given			
Staff Name			
Staff initials			

Date			
Time given			
Dose given			
Staff Name			
Staff initials			

Date			
Time given			
Dose given			
Staff Name			
Staff initials			

Date			
Time given			
Dose given			
Staff Name			
Staff initials			

Date			
Time given			
Dose given			
Staff Name			
Staff initials			