



Learning Together, Learning for Life

Regular administration of medicine record:

Name of school/setting	
Name of child	
Date medicine provided by parent	/
Class	
Quantity received	
Name and strength of medicine	
Expiry date	/ /
Quantity returned	
Dose and frequency of medicine	

Staff signature

Signature of parent

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


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
