Record of Prescribed Medicine Administered to an Individual Child

School	Tickton CE Primary School
Child's Name	
Class	
Date	
Quantity received	
Name and strength of medicine	
Expiry date	
Dose and frequency of medicine	

……..will be given/supervised whilst he/she takes their medication by…….and/or……..This arrangement will continue until the end date of course or medicine/until instructed by parent/guardians.

Parent/guardian signature		Date
Relationship		
Staff signature		
Role		

Date	Time	Medicine/Dose