

Record of Prescribed Medicines Given to a Child in School

Name of school/setting	
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	

Staff signature _____

Signature of parent _____

Date			
Medication checked (tick)			
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff signature			

Date			
Medication checked (tick)			
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff signature			