

**Record of medicine administered to an individual child**

**Please complete shaded areas**

|  |  |
| --- | --- |
| **Name of school setting** | **Roebuck Academy** |
| **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** |  |
| **Time of last dose** |  |

**Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **Date** |  |  |  |
| **Time given** |  |  |  |
| **Dose given** |  |  |  |
| **Name of member of staff** |  |  |  |
| **Staff initials** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  |  |  |
| **Time given** |  |  |  |
| **Dose given** |  |  |  |
| **Name of member of staff** |  |  |  |
| **Staff initials** |  |  |  |