

Form 5

Record of medicine administered to an individual child

Name of 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 returned: _____

Staff signature: _____

Parent signature: _____

Date: _____

Time given: _____

Dose given: _____

Name of staff: _____

Staff initials: _____

Date: _____

Time given: _____

Dose given: _____

Name of staff: _____

Staff initials: _____