

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of School/Setting Queen's Hill Primary School & Nursery

Name of Child _____

Group/class/ form _____

Date medicine provided
by parent _____

Quantity received _____

Name of medicine _____

Expiry date _____

Quantity returned _____

Dose and frequency of
medicine _____

Date _____

Time Given _____

Dose Given _____

Any Reactions _____

Name of member of
staff _____

Staff initials _____