

Record of medicine administered to an individual child
 St Edmund's Catholic Primary



Name of child In Year

Date the medicine was handed to the office:

Name of the medicine:

How much is to be administered and at what time? DOSE: TIME

Date the medicine was finished (returned home) for the last time DATE.....

Parent signature Staff signature:.....

Below is for OFFICE STAFF ONLY

Date	/ /	/ /	/ /	/ /
Time given				
Dose given				
Name of staff				
Staff initials				

Date	/ /	/ /	/ /	/ /
Time given				
Dose given				
Name of staff				
Staff initials				

Date	/ /	/ /	/ /	/ /
Time given				
Dose given				
Name of staff				
Staff initials				

Continued

Date	/ /	/ /	/ /	/ /
Time given				
Dose given				
Name of staff				
Staff initials				

Date	/ /	/ /	/ /	/ /
Time given				
Dose given				
Name of staff				
Staff initials				

Date	/ /	/ /	/ /	/ /
Time given				
Dose given				
Name of staff				
Staff initials				

Date	/ /	/ /	/ /	/ /
Time given				
Dose given				
Name of staff				
Staff initials				

Date	/ /	/ /	/ /	/ /
Time given				
Dose given				
Name of staff				
Staff initials				