Supporting Children with Medical Needs in School

Record of medicine administered to an individual child

Name of child	
Date medicine provided by parent	
Group/class/form	
Name and strength of medicine	
Expiry date	
Dose and frequency of medicine	

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

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