



## Braywood C E First School

### Record of medicine Administered to an individual named child.

Name of School                      Braywood C E First School  
 Name of Child                      .....  
 Date medicine provided by parent .....  
 Class/Year Group                      .....  
 Quantity received                      .....  
 Name and strength of medicine .....  
 Expiry Date                      .....  
 Quantity returned                      .....  
 Dose and frequency of medicine .....

Staff signature .....

Signature of Parent .....

Date		
Time given		
Dose given		
Name of staff member		
Staff initials		

Date		
Time given		
Dose given		
Name of staff member		
Staff initials		

Date		
Time given		
Dose given		
Name of staff member		
Staff initials		

Date		
Time given		
Dose given		
Name of staff member		
Staff initials		

Date		
Time given		
Dose given		
Name of staff member		
Staff initials		

Date		
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Dose given		
Name of staff member		
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Name of staff member		
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