

Appendix 6: Record of medication administered to an individual child

Name of school/setting/academy

Name of pupil	
Date of birth	
Group/class/form	
Date medication provided by parent	
Quantity received	
Name and strength of medication	
Expiry date	
Dose and frequency of medication	
Quantity returned	

Staff signature: _____

Parent/carer signature: _____

Date			
Time given			
Dose given			
Route administered e.g. oral, injection, inhale			
Name of staff member			
Staff initials			
2 nd staff member initials (primary schools)			
Student ID checked			
Student signature			

Date			
Time given			
Dose given			
Route administered e.g. oral, injection, inhale			
Name of staff member			
Staff initials			
2 nd staff member initials (primary schools)			
Student ID checked			
Student signature			

Date			
Time given			
Dose given			

Trust Handbook: Policies and Procedures

e.g. oral, injection, inhale			
Name of staff member			
Staff initials			
2 nd staff member initials (primary schools)			
Student ID checked			
Student signature			

Date			
Time given			
Dose given			
Route administered e.g. oral, injection, inhale			
Name of staff member			
Staff initials			
2 nd staff member initials (primary schools)			
Student ID checked			
Student signature			

Date			
Time given			
Dose given			
Route administered e.g. oral, injection, inhale			
Name of staff member			
Staff initials			
2 nd staff member initials (primary schools)			
Student ID checked			
Student signature			