

Record of medicine administered to an individual student

Name of student	
Date medicine provided by parent/guardian/GP	
Quantity received	
Name and strength of medicine	
Expiry date	
Dose and frequency of medicine	
Is training required to administer medication?	
Name(s) of those authorised to administer medication	

**Please also see IHCP for further details of medication checks*

Staff signature _____

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

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

Record of medicine administered to an individual Student (Continued)

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

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

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

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