RECORD OF MEDICATION ADMINISTERED (OR REFUSED) TO AN INDIVIDUAL CHILD

|  |  |
| --- | --- |
| **Name of School/setting** | Hunters Bar Junior School, Sharrow Vale Road, Sheffield S11 8RJ |
| **Name of child** |  |
| **Date Medicine provided by Parent/carer** |  |
| **Group/class** |  |
| **Quantity received** |  |
| **Name and strength of medicine** |  |
| **Expiry Date** |  |
| **Quantity returned** |  |
| **Dose and Frequency of medicine** |  |

Staff signature ………………………………………………………………………………………………………………………

Signature of parent/carer …………………………………………………………………………………………………….

RECORD OF ADMINISTRATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  |  |  |
| **Time Given** |  |  |  |
| **Dose Given** |  |  |  |
| **Signature of Member of Staff Administering** |  |  |  |
| **Witness** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  |  |  |
| **Time Given** |  |  |  |
| **Dose Given** |  |  |  |
| **Signature of Member of Staff Administering** |  |  |  |
| **Witness** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  |  |  |
| **Time Given** |  |  |  |
| **Dose Given** |  |  |  |
| **Signature of Member of Staff Administering** |  |  |  |
| **Witness** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  |  |  |
| **Time Given** |  |  |  |
| **Dose Given** |  |  |  |
| **Signature of Member of Staff Administering** |  |  |  |
| **Witness** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  |  |  |
| **Time Given** |  |  |  |
| **Dose Given** |  |  |  |
| **Signature of Member of Staff Administering** |  |  |  |
| **Witness** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  |  |  |
| **Time Given** |  |  |  |
| **Dose Given** |  |  |  |
| **Signature of Member of Staff Administering** |  |  |  |
| **Witness** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  |  |  |
| **Time Given** |  |  |  |
| **Dose Given** |  |  |  |
| **Signature of Member of Staff Administering** |  |  |  |
| **Witness** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  |  |  |
| **Time Given** |  |  |  |
| **Dose Given** |  |  |  |
| **Signature of Member of Staff Administering** |  |  |  |
| **Witness** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  |  |  |
| **Time Given** |  |  |  |
| **Dose Given** |  |  |  |
| **Signature of Member of Staff Administering** |  |  |  |
| **Witness** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  |  |  |
| **Time Given** |  |  |  |
| **Dose Given** |  |  |  |
| **Signature of Member of Staff Administering** |  |  |  |
| **Witness** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  |  |  |
| **Time Given** |  |  |  |
| **Dose Given** |  |  |  |
| **Signature of Member of Staff Administering** |  |  |  |
| **Witness** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  |  |  |
| **Time Given** |  |  |  |
| **Dose Given** |  |  |  |
| **Signature of Member of Staff Administering** |  |  |  |
| **Witness** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  |  |  |
| **Time Given** |  |  |  |
| **Dose Given** |  |  |  |
| **Signature of Member of Staff Administering** |  |  |  |
| **Witness** |  |  |  |