# Record of Medicine Administered to an Individual Child

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| --- | --- |
| Name of School  | Kea C P School  |
| Name of child |  |
| Date medicine provided by parent |  |  |  |  |
| Year Group  |  |
| Quantity received |  |
| Name and strength of medicine |  |
| Expiry date |  |  |  |  |
| Quantity returned |  |
| Dose and frequency of medicine |  |

Staff signature

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  |  |  |
| Dose given |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials |  |  |  |
| Comments |  |  |  |
|  |  |  |  |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  |  |  |
| Dose given |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials |  |  |  |
| Comments |  |  |  |

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