

# Template C: record of medicine administered to

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Esh C.E (Aided) Primary

Staff signature \_\_\_\_\_ Signature of parent -----

Date				
Time given				
Dose given				
Name of staff				
Staff initials				

Date				
Time given				
Dose given				
Name of staff				
Staff initials				

Date				
Time given				
Dose given				
Name of staff				
Staff initials				

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Time given				
Dose given				
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