



FARNBOROUGH ROAD INFANT SCHOOL

**Record of medicine administered
to an individual child**

Name of child	
Date medicine provided by parent	
Classroom	
Quantity of medicine received	
Name and Strength of medicine	
Expiry Date	
Quantity returned home	
Dose and frequency of medicine	
Number of days medicine to be administered	

Staff Signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Staff name			
Staff initials			

Date			
Time given			
Dose given			
Staff name			
Staff initials			

Date			
Time given			
Dose given			
Staff name			
Staff initials			

Date			
Time given			
Dose given			
Staff name			
Staff initials			