**Form 5**

***Record of Medicine Administered to an Individual Child***

CORPORATE HEALTH & SAFETY | VERSION 4.05 | June 2023

|  |  |
| --- | --- |
| **Name of school/setting** |       |
| **Name of child** |       |
| **Date medicine provided by parent/carer** |       |       |      |  |
| **Group/class/form** |       |
| **Quantity received** |       |
| **Name and strength of medicine** |       |
| **Expiry date** |       |       |      |  |
| **Quantity returned** |       |
| **Dose and frequency of medicine** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff** **Signature** |       | **Signature of Parent/Carer** |       |

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

Form 5 Record of medicine administered to an individual child (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** |       |       |       |