**Form 6**

***Record of Medicine Administered to all Children.***

CORPORATE HEALTH & SAFETY | VERSION 4.05 | June 2023

|  |  |
| --- | --- |
| **Name of school/setting** |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Child’s name | Time | Name of Medicine | Dose given | Any Reaction |
|          |       |       |       |       |       |       |
|          |       |       |       |       |       |       |
|          |       |       |       |       |       |       |
|          |       |       |       |       |       |       |
|          |       |       |       |       |       |       |
|          |       |       |       |       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |       | **Print Name**  |       |