Appendix C: Record of Medicine Administered to an individual child

SHERBORNE AREA SCHOOLS' TRUST	**Record of medicine administered (controlled and non-controlled)**
	The school/setting will retain this record in accordance with SAST Policy

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Size of dose (e.g. 10mg)	
Frequency of medicine	
Quantity returned	

Parent Signature	
Staff Signature	

Date					
Time given					
Dose given					
Administering Staff Signature					
Administering Staff Initials					
Witnessing Staff Signature					
Witnessing Staff Initials					
Quantity Remaining					

Record of Medicine Administered to an individual child (continued)

Date					
Time given					
Dose given					
Administering Staff Signature					
Administering Staff Initials					
Witnessing Staff Signature					
Witnessing Staff Initials					
Quantity Remaining					

Date					
Time given					
Dose given					
Administering Staff Signature					
Administering Staff Initials					
Witnessing Staff Signature					
Witnessing Staff Initials					
Quantity Remaining					

Date					
Time given					
Dose given					
Administering Staff Signature					
Administering Staff Initials					
Witnessing Staff Signature					
Witnessing Staff Initials					
Quantity Remaining					