

FORM 5

Record of medicine administered to an individual child

Name of School/Setting	<u>Ringway Primary School</u>
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	_____
Staff signature	_____
Parent signature	_____
Date	_____
Time Given	_____
Dose Given	_____
Name of member of staff	_____
Staff initials	_____