**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** |  | | | |

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

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| **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)

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

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