

## **Supporting Children with Medical Needs in School**

## APPENDIX 2 - Record of medicine administered to an individual child

Name of child			
Date medicine provided by parent			
Group/class/form			
Name and strength of medicine			
Expiry date			
Dose and frequency of medicine			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			