Administration of Medicine

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Record of medicine administered

Pupil details:			
Name of pupil:		Date of birth:	
Medical condition or illness:			

Medicine			
Name/type of medication (as described on the container): *Including strength*			
Date dispensed:		Expiry date:	
Dosage & method:		Frequency & Timing/s:	
Quantity received:		Quantity returned:	
Parent/carer signature:		Staff signature:	

Medicine administered:				
Date:	**Time:**	**Dose:**	**Staff Name:**	**Staff Initials:**