

Glory Farm Primary School

Record of medicine to be administered for longer than three days

Name of child	
Group/class	
Date medicine provided by parent	
Quantity received	
Name of medicine	
Date when administration expected to end	
Quantity returned	
Dose and frequency of medicine	

Please note: Medicines must be in the original container as dispensed by the pharmacy or surgery with the dispensing label attached and a suitable measuring spoon or syringe.

Staff signature _____

Signature of parent _____

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date

/ /	/ /	/ /
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Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Date

/ /	/ /	/ /
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Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Date

/ /	/ /	/ /
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Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Date

/ /	/ /	/ /
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Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

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