

RECORD OF MEDICINE ADMINISTERED TO A YOUNG PERSON

Monkleigh Primary School and Pre-school

Name of Young Person			Group/Class/Form Tutor group	
Name of medicine			Date medicine provided by parent	
Expiry Date		Quantity Received	Quantity Returned	
Fully completed parental consent form received for the admin of this medicine				
Dose and frequency of medicine				

Staff signature _____ Date _____

Signature of Parent _____ Date _____

Log of Medicines Administered

Date	Time given	Dose given	Staff Name	Problems/side effects
Parent informed of use of emergency inhaler?				

Continued overleaf

Log of Medicines Administered

Date	Time given	Dose given	Staff Name	Problems/side effects
Parent informed of use of emergency inhaler?				