RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL YOUNG PERSON

Name of Establishment .....

Name of Young Person	
Date of Birth	
Tutor/ Class / group	
Date medicine provided by parent	
Name and strength of medicine	
Quantity received	
Dose and frequency of medicine	
Expiry date	
Quantity returned	

Staff signature _____ Initials _____

Log of Medicines Administered

Date	Time given	Dose given	Staff Name/Initials	Notes/ problems