



Braywood C E First School

Record of medicine Administered to an individual named child.

Name of School Braywood C E First School
 Name of Child
 Date medicine provided by parent
 Class/Year Group
 Quantity received
 Name and strength of medicine
 Expiry Date
 Quantity returned
 Dose and frequency of medicine

Staff signature

Signature of Parent

Date	Time given	Dose given	Staff Name	Staff initials