

Godstowe

Record of Medicine Administered to an Individual Child

Early Years

Name of Child	Form
Date medicine provided by parent	
Child's key worker/teacher	
Quantity received	
Name and strength of medicine	
Expiry date	Quantity returned
Dose and frequency of medicine	

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

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

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

Date	/ /	/ /	/ /
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