Hunton CoE Primary School

Record of medicine administered to an individual child

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| Name of child |
| Date medicine provided by parent |
| Class |
| Quantity received |
| Name and strength of medicine |
| Expiry date |
| Quantity returned |
| Dose and frequency of medicine |
| Staff signature |
| Signature of parent |

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| **Record of medicine administered to an individual child** | | |
| Date |  | Date |
| Time given |  | Time given |
| Dose given |  | Dose given |
| Name of member of staff |  | Name of member of staff |
| Staff initials |  | Staff initials |
| Notes |  | Notes |

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| --- | --- | --- |
| **Record of medicine administered to an individual child** | | |
| Date |  | Date |
| Time given |  | Time given |
| Dose given |  | Dose given |
| Name of member of staff |  | Name of member of staff |
| Staff initials |  | Staff initials |
| Notes |  | Notes |

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