

Administration of Medicine

Name of pupil: _____

Class: _____

Name of medication: _____

Dose to be given: _____

Frequency of dose: _____

Notification and authorisation received by the school office via telephone or email

Signed: _____

Date: _____

| | Day 1 Date: _____ | Day 2 Date: _____ | Day 3 Date: _____ | Day 4 Date: _____ | Day 5 Date: _____ |
|------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Time | | | | | |
| Signed & Comment | | | | | |
| Time | | | | | |
| Signed & Comment | | | | | |
| Time | | | | | |
| Signed & Comment | | | | | |