Record of supervised administration of medicine

Name of child ..... DoB ..... Class .....

Medication supplied .....

Date medication supplied by parent . . . . . Quantity of medication received .....

Date/s on which medicine to be administered .....

Given to *(volunteering staff member)* .....

Name of parent ..... Signature of parent .....

Date	Time of supervised administration	Dose administered	Name of supervising member of staff	Staff initials

Date medication returned ..... Quantity of medication returned .....

Staff signature ..... Signature of parent .....