

Sacred Heart RC Nursery & Primary School

RECORD OF MEDICINES ADMINISTERED

Name of Pupil		Year group	
Name of medicine		Date medicine provided by parent	
Expiry Date		Quantity Received	Quantity Returned
Fully completed parental consent form received for the admin of this medicine			
Dose and frequency of medicine			

Staff signature _____

Date _____

Signature of Parent _____

Date _____

Log of Medicines Administered

Date	Time given	Dose given	No of pills remaining	Staff Name	Problems/side effects
Parent informed of use of emergency inhaler?					