Bruton School for Girls

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Part 1~ For Completion by Parent

Name of child: …….

Year …….

Please administer the following medication:

Name of medicine	Dose	Frequency	Special Instructions

I undertake to provide the school each morning with details of any medication and dosages given prior to school.

I will also update the school with any changes in administration of medication.

Signature of parent/ guardian …… Date……

Part 2~ For completion by member of staff administering medication

Medicine	Dose	Date	Time	Signature