

FORM 5

Record of medicine administered (or refused) to an individual child

Name of school/setting

EMMANUEL JUNIOR ACADEMY

Name of child

Date medicine provided by parent/carer

/ /

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

/ /

Quantity returned

Dose and frequency of medicine

Staff signature _____

Signature of parent/carer _____

Date

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Time given

Dose given

Name of member of staff

Staff initials

Date

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Time given

Dose given

Name of member of staff

Staff initials

Date

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Time given

Dose given

Name of member of staff

Staff initials

Date

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Time given

Dose given

Name of member of staff

Staff initials

Date

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Time given

Dose given

Name of member of staff

Staff initials

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| Date | / / | / / | / / |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

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| Date | / / | / / | / / |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

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| Date | / / | / / | / / |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

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| Date | / / | / / | / / |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

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| Date | / / | / / | / / |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

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| Date | / / | / / | / / |
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| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

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|-------------------------|-----|-----|-----|
| Date | / / | / / | / / |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |