**APPENDIX 2** Service Administration of Medication

**RECORD OF MEDICATION ADMINISTERED TO INDIVIDUAL CHILDREN**

|  |  |  |  |
| --- | --- | --- | --- |
| Childs name  |  | Method of administration  |  |
| Name of medication  |  | Strength  |  |
| Name of School  |  | Class/Service  |  |

**N.B. Check date of dispensing is within three months and medication has not expired (if this date is noted).**

**If in doubt please contact dispensing source for further advice (see label).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Date  |  Dose  |  Time |  Date of Dispensing  | Comments e.g. medication Refused/dropped etc. Condition e.g. seizure, any reaction  | Signature of member of staff  |
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| Return t parent  | **Reason** for returning to parent  |  |
| Signed (Staff)  | Signed (Parent)  | Date  |

**N.B. This record must be retained for a minimum of *five* years after child leaving service*.***