**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*.***