

Administration of Medication

CHILD'S NAME .....

NAME OF MEDICATION .....

Prescribed medicine ..... Length of course .....

Non prescribed medicine .....

Reason for medication .....

Dose .....

Time .....

Date .....

Parent signature ..... Date.....

Administered by .....

Dose given .....

Time .....

Date .....

FOR CALPOL -

TIME PARENT was telephoned .....

Reason for giving calpol .....