FORM 5
RECORD OF LONG TERM PRESCRIBED MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of school/setting	
Name of child	
Date medicine provided by parent/guardian	
Group/class/form	
Quantity and date received	
Name and strength of medicine	
Expiry date	
Dose and frequency of medicine	

Quantity and date returned (School's use only)	

..... will be given/supervised whilst he/she takes their medication by ..... and/or ..... (names of two members of staff).

This arrangement will continue until the end date of course of medicine/until instructed by parents/guardians.

Parent/guardian signature	Date	
Relationship to child		
Staff signatures	Date	Date
Role		

	Week commencing:									
	Monday		Tuesday		Wednesday		Thursday		Friday	
Time given										
Dose given										
Two staff initials										

	Week commencing:									
	Monday		Tuesday		Wednesday		Thursday		Friday	
Time given										
Dose given										
Two staff initials										

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