

Buddies Medication Record – Date: _____

Name of child: _____

Medication	Date & Time last given	Time, or circumstances under which, medication is to be given next	Dosage to be given

Additional instructions: _____

Authorised by: _____

Signature: _____ Relationship to child: _____

Medicine MUST be handed to a member of staff and should be clearly named.

STAFF TO COMPLETE

Medicine received by: _____ Tick: Original Container Valid Expiry Date

Medication	Date & Time given	Dosage given	Dosage given by: <i>Name/ Signature</i>	Dosage checked by: <i>Name/ Signature</i>

Comments: _____

Further treatment recommended: _____

Parent notified BY PHONE / IN PERSON at: _____ am/ pm

Parent signature: _____ Date: _____