

## North Date Started & Children and Young People's Service

	(In chronological order)
Name of school/setting	
Name of child/young person	DoB Class or group
Name of GP and contact number	
Emergency name and contact number	
Name of medication	Any special instructions
Name of medication	Ally special Handonship

Dosage and administering times

Formula (e.g. tablets)

					•		·		administration
									Dose given
							2		Any reactions and any action taken by staff
	-				*				Name of person(s) administering / supervising (please print)
									Signature of person(s) administering / supervising
								<ul> <li>Medication returned to pharmacy ( Pharmacist signature required)</li> </ul>	Additional information e.g.  Repeat prescription supplied  Medication returned to parent