



North

Yorkshire County Council

Children and Young People's Service

Date Started

Administration of Medication Record (Form Med 2) Sheet number..... (In chronological order)

| Name of school/setting | | | |
|-----------------------------------|--------------------------|--|--|
| Name of child/young person | | | |
| Name of GP and contact number | | | |
| Emergency name and contact number | | | |
| Name of medication | Any special instructions | | |
| | | | |
| Formula (e.g. tablets) | | | |
| | | | |
| Dosage and administering times | | | |

[illegible]