**Short Term Administration of Medicine**

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| --- | --- |
| **Name of Child** |  |
| **Date** |  |
| **Name of Medicine** |  |
| **Reason for Administering Medicine** |  |
| **Dosage Required** |  |
| **Time to be Administered in School** |  |
| **Signature of Parent/Carer** |  |

**Medicine Log (to be completed with each dose both at home or in school)**

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| --- | --- | --- | --- |
| **Date** | **Time** | **Given By** | **Signature** |
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**This form should be returned to school when the course of medicine is completed.**