

CHILD'S NAME

DATE

NAME OF MEDICATION

BATCH NUMBER

EXPIRY DATE

PRESCRIBED BY

ADMINISTRATION INSTRUCTIONS (Checked against instructions on medicine)

IS ADMINISTRATION OF THIS MEDICATION AT OUR DISCRETION? Y/N

STORAGE/ADMINISTRATION INSTRUCTIONS e.g. to be kept in fridge/administered on an empty stomach

REASONS FOR ADMINISTRATION

TIMES OF ADMINISTRATION IN LAST 24HRS

TIMES OF ADMINISTRATION OF ANY OTHER MEDICATION IN LAST 24HRS

DURATION REQUIRED

**PRINT
SIGNATURE**

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