

West Pennard Primary School Administering of Medicine to Pupils

Name of child								
Date of birth								
Class *circle one choice	R	1	2	3	4	5	6	

Name/type of medicine				
Doggo * · · ·	5ml	7.5ml	10ml	
Dosage *circle one choice	Other (specify):			
Date(s) to be given	Start Date:	End Date:		
Time of day to be given				
Reason for medication				
Are there any side effects?				
Parent/Carer Signature:				

Date	Time	Dose Given	Reaction?	Staff Member
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	