**Record of medicineS administered**

Holywell C of E School - Ventrus Multi Academy Trust

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| --- | --- | --- | --- |
| Name of Young Person |  | Group/Class/Form Tutor group |  |
| Name of medicine |  | Date medicine provided by parent |  |
| Expiry Date |  | Quantity Received |  | Quantity Returned |  |
| Fully completed parental consent form received for the admin of this medicine  |  |
| **Dose and frequency of medicine** |  |

Staff signature Date

Signature of Parent Date

**Log of Medicines Administered**

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| --- | --- | --- | --- | --- |
| Date | Time given | Dose given | Staff Name | Problems/side effects |
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| Parent informed of use of emergency inhaler? |  |
| Parent informed of use of emergency AAI |  |