**Appendix 1: Record Keeping Form for the Auditing of the Safe Storage of Medication**

This form can be used by Head Teachers or designated person (DHT, PT ASL, PTG) to demonstrate the termly monitoring of the storage of medication:

|  |
| --- |
| **Record Keeping and Storage of Medication** |
| **School:** |  | **Session:** |  |
| **Pupil Name** | **Medication** | **Location of Storage** | **Expiry Date** | **Termly Check completed- date and initials of staff member** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |