# Med Form 2

**Class/year group**

**Pupil Name**

RECORD OF MEDICATION ADMINISTERED IN NAME OF SCHOOL

Date medicine supplied to school: Storage Point: Date medicine finished/sent home:

This form is for schools to record details of medication given to pupils (when complete store in child’s PPR).

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| **Date** | **Time** | **Name of Medication** | **Quantity at start****(ml or no. of tablets)** | **Dose given** | **Quantity that remains****(ml or no. of tablets)** | **Any Reactions** | **Other recording (e.g. blood sugar level)** | **Signature of Staff member and witness** | **Print Names** |
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| Signature of Head Teacher or designated person (DHT, PT ASL, PTG) |  | Date |  |