



THE DEAN
ACADEMY

SCHOOL RECORD OF THE ADMINISTRATION OF MEDICINES

Name: Date of Birth:

Address:

.....

GP: Allergies:

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Date	Name of Person who brought it in	Name of Medication	Amount supplied	Form supplied	Expiry date	Dosage regime

Register of Medication Administered

Date	Medication	Amount given	Amount left	Time	Administered by	Comments / Action Side effects

