

## Ormiston Forge Academy Record of Medication Administered to a Student

Student Name	
Student DOB	
Year/Form	
Name and Strength of Medication	
Expiry Date	
Batch Number	
Date Medicine Provided by Parent	
Quantity Received	
Dosage and Method of Administration	
Timings	
Reason for Medication	
Special Precautions/Other Instructions/Side Effects	
Parents/Carers Name and Contact Details	

**Medications must be in the original container as dispensed by the pharmacy**

Parent / Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>First Aid Use Only:</b>	
Logged on Medication Spreadsheet:	
Logged on Medtracker:	
Old/Expired Medication Removed:	
Parents/Carers Notified of Expired/New Meds needed:	
Removed from Medication Spreadsheet/Medtracker:	

**Record of Medication  
Administered**