

## Record of administration of temporary medication:

**Week beginning:**

**Names of children needing medication:**

Name	Delivered by / date	Received by	medication	Amount supplied	Form completed	Dosage

### Register of Medication Administered

Name	Medication	Amount given	Amount left	Time	Administered by	Comments/actions

Name	Medication	Amount given	Amount left	Time	Administered by	Comments/actions

Name	Medication	Amount given	Amount left	Time	Administered by	Comments/actions

Name	Medication	Amount given	Amount left	Time	Administered by	Comments/actions

Name	Medication	Amount given	Amount left	Time	Administered by	Comments/actions