APPENDIX 3: Record of Administration of Prescribed Medication

Name of child/young person	
Date of birth	

Date	Time	Name of Medication	Prescribed Dose	Dose given to child	Administered by (name)
					Sign
					Print
					Sign
					Print
					Sign
					Print
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					Print
					Sign
					Print
					Sign
					Print

This document must be completed only by the person who administers the medication to the above named individual.

Link to online document/templates and resources

www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/children-young-peoples-services-directory/multiagency-administration-of-medicines-for-c-and-yp/