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)	Witnessed by (name)
					Sign Print	Sign Print
					Sign Print	Sign Print
					Sign Print	Sign Print
					Sign Print	Sign Print
					Sign Print	Sign Print
					Sign Print	Sign Print
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					Sign Print	Sign Print
					Sign Print	Sign Print
					Sign Print	Sign Print
					Sign Print	Sign Print
					Sign Print	Sign Print

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