Medication Handover Record

One child, one day. Fill this in before you hand over, and send it with the medicine.

CHILD'S FULL NAME	DATE OF BIRTH	CLASS, GROUP OR SETTING	TODAY'S DATE

PARENT OR CARER NAME	MOBILE	SECOND CONTACT AND NUMBER

ALLERGIES AND SENSITIVITIES _____

DO NOT GIVE *for example: no ibuprofen* _____

1 The medicine

Copy this exactly from the current pharmacy label. Do not work a dose out yourself.

MEDICINE, AS WRITTEN ON THE LABEL	WHAT IT IS FOR	DOSE	MAXIMUM IN 24 HOURS	HOW TO GIVE IT

2 Doses given today

Parent: start it with anything given at home. Carer: carry on in the same table. Outcome means given, refused, or brought back up.

TIME	MEDICINE	DOSE GIVEN	GIVEN BY, PLEASE PRINT	OUTCOME	NEXT DOSE NOT BEFORE

3 Notes

How they seemed, anything refused, questions to pass back.

I confirm the details above are correct and I am asking the person named below to give this medicine to my child today.

PARENT OR GUARDIAN SIGNATURE	PRINT NAME	DATE	SHEET RETURNED TO PARENT

IMPORTANT

Send the medicine in its original container with the pharmacy label on it. A school or nursery cannot accept medicine in anything else, or change a prescribed dose. Follow the label, not this sheet. If a dose is missed, repeated or you are unsure, ring a pharmacist, your GP or NHS 111. Call 999 in an emergency.

Your school, nursery or club will have its own medicines policy and consent form. Theirs comes first. This sheet is for handovers to family, childminders, sitters and clubs.

Never give aspirin to a child under 16 unless a doctor has prescribed it. This sheet holds health information, so keep it safe and shred it once the day is done.