



## THE LUCCOMBE HUB

### Record of medicine to be administered

*This form is to be completed by the parent/carer for any medicines that you require The Luccombe Hub to administer to your child during the course of their session with us.*

*All medicines provided must be in the original packaging, with patient label and information sheet. We cannot accept single pills or block of pills without the packaging. Thank you for understanding.*

Surname			
Forename (s)			
Date of Birth	___/___/___	M <input type="checkbox"/>	F <input type="checkbox"/>
Condition or illness			
Date medicine provided by parent/carer			
Name and strength of medicine ( <i>is medicines received in original packaging?</i> )			
Quantity received			
Expiry date	___/___/___		
Quantity returned and date medication requirement ended			
Dose and frequency of medicine			
Information of known side effects/reactions to medication that a learner has and procedures			

Checked by:

**Staff signature:**

**Signature of parent:**

*(When administering medicines, two members of staff must sign)*

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			
Name of member of staff			
Staff initials			



Learner.....

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			
Name of member of staff			
Staff initials			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			
Name of member of staff			
Staff initials			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			
Name of member of staff			
Staff initials			



Learner.....

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			
Name of member of staff			
Staff initials			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			
Name of member of staff			
Staff initials			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			
Name of member of staff			
Staff initials			

PERMANENT ALTERNATIVE EDUCATION

