



CONTROLLED DRUG ADMINISTRATION SHEET

Name of student:		Tutor group/year:	
Medication prescribed:		Method given:	
Expiry date of medication:		Date handed to school:	

Dose required and at what time(s)?	
Is this a PRN (as and when required) medication?	

Handed to school by:	<i>Name:</i>	<i>Signature:</i>
Received in school by:	<i>Name:</i>	<i>Signature:</i>

[illegible]