

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 w time(s)?	/hat						
Is this a PRN (as and w required) medication?	hen						
Handed to school by:		Name:				Signature:	
Received in school by:		Name:				Signature:	
Date		Time	Amount or quantity administered	Witne	ess 1 (signatu	ıre)	Witness 2 (signature)