

# MEDICINE REGISTER

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of medicine:

Dosage to be given:

\_\_\_\_\_

\_\_\_\_\_

Time to be administered:

Any other relevant information:

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

Signature of Teacher:

Time Medication Administered:

\_\_\_\_\_

\_\_\_\_\_