Appendix 2

Record of medicine administered to an individual child (MAR) Form

Name of School/Setting	
Childs name	
Date of birth	Day / Month / Year
Group/Class/Form	
Date medicine provided by parent/carer	
Quantity received	
Name and strength of medicine	
Expiry date	Day / Month / Year
Quantity returned	
Dose, timing and frequency of medicine	
Staff signature	
Signature of parent	

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			