

## **REIKI the PEOPLE of medicine administered to an individual child**

This form is to be completed by REIKI the PEOPLE staff and used in conjunction with Parental consent to administer medicine form

Name of member of RTP staff:	
------------------------------	--

Name of Child:	
----------------	--

Parents name	
--------------	--

Activity group at RTP:	
------------------------	--

Date medicine provided by parent:	
-----------------------------------	--

Name and strength of medicine:	
--------------------------------	--

Expiry date:	
--------------	--

<p>Has the parent signed a consent form to administer medicine?</p>	<p>Yes/No</p> <p>If answer 'No' then we cannot administer medicine Staff signature:</p>
---	---

Time of Administration Whilst at RTP	Dose Given	Date	Signature of staff @ KAA who administered meds	Staff witness signature