



Name of child	
Date medicine provided by parent	
Class	
Name and strength of medicine	
Expiry date	
Dose and frequency of medicine	

I understand that I must deliver/collect the medicine to/from the school office.

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			

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