



# Tudhoe Colliery Primary School

## Record of Medication Form

Name of child

Year group

Date medicine provided by parent

Name and strength of medicine

How much?

When given?

Expiry date


Signature of parent \_\_\_\_\_

Staff signature (taken in medicine) \_\_\_\_\_

Staff signature (handover of medicine) \_\_\_\_\_

Date

Time given

Dose given

Sign (give medicine)

Sign (witness)


Date

Time given

Dose given

Sign (give medicine)

Sign (witness)


Date

Time given

Dose given

Sign (give medicine)

Sign (witness)


Date

Time given

Dose given

Sign (give medicine)

Sign (witness)


Date

Time given

Dose given

Sign (give medicine)

Sign (witness)
