



# St Paul's CE Primary School



--

**NB: Medicines must be in the original container as dispensed by the pharmacy.**

## Contact Details

Name

Daytime telephone no.

Relationship to child

Address

(agreed member of staff)

I understand that I must deliver the medicine personally to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_



**Record of medicine administered to an individual child**

Name of child	
Date medicine provided by parent	
Year Group	
Quantity received and time	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Any known allergies	
Time of dose given before school each day	

Staff (1) signature \_\_\_\_\_

Staff (2) signature \_\_\_\_\_

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

Date			
Time given			
Dose given			
Name of member of staff (1)			
Staff signature			
Name of member of staff (2)			
Staff signature			

\_\_\_\_\_

# St Paul's CE Primary School



## Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			
Name of member of staff (2)			
Staff signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			
Name of member of staff (2)			
Staff signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			
Name of member of staff (2)			
Staff signature			

---

