

## St Mary's C of E Primary School Oxted

## Medicine Record form

Name of child						
Class						
Medicine provided						
Strength of medicine						
Quantity received						
Dose and frequency of medicine						
Expected duration of			Expiry date of	Expiry date of medicine		
use						
Reason for use	)					
Staff signature	:		Staff print nar	Staff print name:		
Signature of pa	arent:		Parent print n	Parent print name:		
					•	
Signing medicine in/out	Date	Received by	Staff sig	Returned home (pm)	Staff sig	

Signing medicine in/out	Date	Received by school (am)	Staff sig	Returned home (pm)	Staff sig
Monday	//				
Tuesday	//				
Wednesday	//				
Thursday	//	16			
Friday	//				
Monday	//				
Tuesday	//				
Wednesday	//				
Thursday	//				
Friday	//				

Date of administration (not for paracetamol- use paracetamol form)	Time	Dose	Staff print name	Staff sign
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