



Barnston Primary School

'a health promoting school'

Headteacher: Mrs.S. J. Pearson B. Ed. NPQH



Form 5

Record of medicine administered to an individual child

Name of school/setting	Barnston Primary School
Name of child	
Date medicine provided by parent/carer	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent/carer _____

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			

