



Tudhoe Colliery Primary School
Record of Medication Form

Name of child	
Year group	
If your child is in Year 4,5 or 6 and has permission to go home alone, do they have permission to bring their own medication home? YES/NO (please delete which is NOT applicable)	
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)

Date

Time given

Dose given

Sign (give medicine)

Sign (witness)

Date

Time given

Dose given

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Sign (witness)

Date

Time given

Dose given

Sign (give medicine)

Sign (witness)
