



St. Michael's C.E. Primary School

School Road, Sunninghill, Ascot, Berkshire SL5 7AD
Tel 01344 622962 Fax 01344 873763

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of School **St Michael's C of E Primary School, Sunninghill, SL5 7AD**

Name of Child / Year Group /

Details of Medicine Provided by the Parent

Name and strength of medicine

Date provided//

Quantity received

Expiry date//

Dosage Time to be taken

Parent signature

Staff signature

BELOW FOR OFFICE USE:

Details of Medicine given to the child if supplied by the school office e.g. Nurofen/Calpol

Date: / /

Name and strength of medicine

Time parental consent received when contacted by telephone / email

Staff signature

Date

Date

Time given.....

Time given.....

Name of member of staff

Name of member of staff

Date

Date

Time given

Time given.....

Name of member of staff.....

Name of member of staff.....