



Record of Medicine Administered to an Individual Child

Name of School	Overton CE Primary School
Name of Child	
Class No	
My child will be responsible for self-administration of medicines as directed below	Yes/No
I agree to members of staff administrating medicines/providing treatment to my child as directed below or in the case of emergency, as staff may consider	Yes/No
I recognise that the school staff are not medically trained	Yes/No
Name and strength of medicine	
Date medicine provided by parent	
Quantity received	
Expiry date	
Dose and frequency of medicine	

Signature of parent: Date:

Office use only

Photo of Child; YES/NO

Staff signature: Date.....

