



# Wavendon Gate School Record of medicine administered to individual children



Name of child	
Date medicine provided by parent	
Group/class/form	
Condition or illness	
Name of medicine	
Expiry date	
Date to start medicine	
Dosage and frequency of medicine	
Time at school to be given	
Date to stop medicine	
Possible side effects	

Signature of parent .....Date .....

Print Name .....

Contact number.....

## Staff to complete

Date			
Time given			
Dose given			
Name of member of staff giving medicine			
Second staff member checking medicine			
Date			
Time given			
Dose given			
Name of member of staff giving medicine			
Second staff member checking medicine			
Date			
Time given			
Dose given			
Name of member of staff giving medicine			
Second staff member checking medicine			

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Dose given			
Name of member of staff giving medicine			
Second staff member checking medicine			

All forms to be given to Mrs Dewhirst when completed.