

## Record of medicine taken by student - C

|                                  |  |
|----------------------------------|--|
| Name of school                   | Lordswood Girls' School & 6 <sup>th</sup> Form Centre<br>Headteacher: Kerry Cooney |
| Name of student                  |  |
| Form                             |  |
| Date medicine provided by parent |  |
| Quantity received                |  |
| Name and strength of medicine    |  |
| Expiry date                      |  |
| Dose and frequency of medicine   |  |
| Amount returned to parent        |  |

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Dose taken by student   |  |  |  |
| Time                    |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Dose taken by student   |  |  |  |
| Time                    |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

**C: Record of medicine administered to an individual child (Continued)**

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Dose taken by student   |  |  |  |
| Time                    |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Dose taken by student   |  |  |  |
| Time                    |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Dose taken by student   |  |  |  |
| Time                    |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Dose taken by student   |  |  |  |
| Time                    |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Dose taken by student   |  |  |  |
| Time                    |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |