St. John's CE Primary School

Medication Form

Pupil's name..... D.O.B: .....

Address.....

.....

Contact telephone number.....

Class.....

Date	Person who brought medication	Name of medication	Tablet or liquid medicine	Amount in bottle or packet	When medication to be taken

I am aware that my responsibilities as parent/carer are:

- To keep the school informed of any changes in medication.
- To ensure that medication is in date and provided for the school as required.
- To keep my contact details up to date.

Parent/Carer's signature.....

Date .....

Register of Medication Administered

Date	Medication	Amount given	Amount left	Time	Administered by