



Medicine Registration Form

Child's name and Surname: _____ Class _____

Date of Birth: _____

Home Address: _____

GP name, Practice and phone
number _____

| Date | Name of Person who brought it in | Name of medication | Amount supplied | Form supplied <small>Liquids/tablets</small> | Expiry date | Dosage regime | Parent/Guardian signature |
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My signature is permission for a member of staff to administer the above medication(s). I accept that they are acting on my instructions and they cannot be held responsible if the medicine is not given or given wrongly.

Register of Medication Administered

| Date | Medication | Amount given | Amount left | Time | Administered by | Comments / Action Side effects |
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Headteacher Authorisation _____

