

Parental Request for School to Administer **SHORT TERM MEDICINE**

Name of school	Joy Lane Primary School
Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature:

Signature of parent / carer:

Date		
Time given		
Dose given		
Member of staff x2		
Staff initials x2		

Date		
Time given		
Dose given		
Member of staff x2		
Staff initials x2		