## **Record of Medicine Administered to a Student**

## Penwortham Girls' High School

## Name of Pupil:

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Form:	
Date medicine provided by parent	
Quantity Received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Staff signature:	-
Signature of parent:	_

Date	Time given	Dose given	Name of Staff	Witnessed By
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Date	Time given	Dose given	Name of Staff	Witnessed By