|  |  |
| --- | --- |
| Name of Child |  Class: |
| Quantity received (size of bottle ml) |  |
| Name and strength of medicine |  |
| Expiry date on bottle |  |
| Time(s) Required at school |  |
| Dose Required |  |
| Last date medicine required at school |  |
| Parent signature |  |
| Print Name |  Date: |
| Staff signature receiving medicine |  |

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| --- |
| SCHOOL USE ONLY |
| Date |  |  |  |  |  |  |  |  |  |
| Time Given |  |  |  |  |  |  |  |  |  |
| Dose Given |  |  |  |  |  |  |  |  |  |
| Staff Member Name |  |  |  |  |  |  |  |  |  |
| 2nd Staff Member Initials |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| SCHOOL USE ONLY |
| Date |  |  |  |  |  |  |  |  |  |
| Time Given |  |  |  |  |  |  |  |  |  |
| Dose Given |  |  |  |  |  |  |  |  |  |
| Staff Member Name |  |  |  |  |  |  |  |  |  |
| 2nd Staff Member Initials |  |  |  |  |  |  |  |  |  |