

Edge Hill Junior School Medicine Record

Date:

Child's Name:

Name of Medicine :

How to be given (i.e dose)

When to be given:

Any other instructions:

Phone number of parent or adult contact:

Name of GP:

GP Telephone no:

The above information is to the best of my knowledge accurate at the time of writing and I give my consent to school staff administering the medicine in accordance with school and LEA policy.

Parents signature Print Name

If more than one medicine is to be given a separate form should be completed for each.