



LAMBERHURST ST. MARY'S CHURCH OF
ENGLAND (VC) PRIMARY SCHOOL

School Medicine Record

To be completed by parent/guardian.

Child's Name:

Class:

Medicine to be given:

Amount of medicine to be given:

Time medicine to be given:

Any other instructions:

DECLARATION

I request that the above medication be given in accordance with the above information by a responsible member of the school staff.

I undertake to supply the school with medicine in a measured labelled container.

Signed: Date:
Parent/Guardian

Telephone No. of parent or adult contact:

To be completed by teacher at time of giving medicine

Date										
Time Given										
Signature										
Dosage										