



**HOLY CROSS CATHOLIC PRIMARY SCHOOL**  
**Headteacher**  
**Mrs F Gill**




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Record of medicines administered to an individual pupil

|                                  |  |
|----------------------------------|--|
| Name of child                    |  |
| Date medicine provided by parent |  |
| Class/Form                       |  |
| Name and strength of medicine    |  |
| Dose and frequency of medicine   |  |
| Expiry date                      |  |
| Quantity received                |  |
| Quantity returned                |  |

Signature of Parent

\_\_\_\_\_

Staff signature

\_\_\_\_\_

|                                 |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|
| Date                            |  |  |  |  |  |
| Time given                      |  |  |  |  |  |
| Dose Given                      |  |  |  |  |  |
| Names x 2 members of staff      |  |  |  |  |  |
| Signatures x 2 members of staff |  |  |  |  |  |

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Date</b>                            |  |  |  |  |
| <b>Time given</b>                      |  |  |  |  |
| <b>Dose Given</b>                      |  |  |  |  |
| <b>Names x 2 members of staff</b>      |  |  |  |  |
| <b>Signatures x 2 members of staff</b> |  |  |  |  |

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|--|--|--|--|--|--|
| <b>Date</b>                            |  |  |  |  |  |
| <b>Time given</b>                      |  |  |  |  |  |
| <b>Dose Given</b>                      |  |  |  |  |  |
| <b>Names x 2 members of staff</b>      |  |  |  |  |  |
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| <b>Dose Given</b>                      |  |  |  |  |
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