The Wolds Federation of Schools

Executive Headteacher Mrs Elizabeth Harros

www.thewoldsfederation.co.uk

RECORD OF LONG TERM PRESCRIBED MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILDREN

Name of school/setting:	
Name of child:	
Date medicine provided by parent/guardian:	
Group/class/form:	
Quantity and date received:	
Name and strength of medicine:	
Expiry date:	
Dose and frequency of medicine:	

Quantity and date returned (School use only):	

..... will be given/supervised whilst they take their medication by

..... (name of member of staff).

This arrangement will continue until the end date of the course of medicine/until instructed by the parent/guardian.

Parent/guardian signature:	Date:
Relationship to child:	
Staff signature:	Date
Role:	

	Week Commencing				
	Monday	Tuesday	Wednesday	Thursday	Friday
Time given:					
Dose given:					
Staff initials:					

Beswick and Watton CE Primary School
T: 01377 270339
E: beswick@eastriding.gov.uk

Middleton on the Wolds CE Primary
T: 01377 217323
E: middleton.primary@eastriding.gov.uk

Bishop Wilton CE Primary School
T: 01759 368313
E :bishop.wilton@eastriding.gov.uk

	Week Commencing				
	Monday	Tuesday	Wednesday	Thursday	Friday
Time given:					
Dose given:					
Staff initials:					

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