



## Record of medicine stored for an individual child

<b>Name of child</b>	
<b>Tutor group</b>	
<b>Date medicine provided</b>	
<b>Name and strength of medicine</b>	
<b>Dose and frequency of medicine</b>	
<b>Expiry dates</b>	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature Parent(s) \_\_\_\_\_  
 Date \_\_\_\_\_

Signature Staff Member \_\_\_\_\_ Date \_\_\_\_\_



# TOOT HILL SCHOOL

Date  
Time given  
Dose given  
Staff initials


Date  
Time given  
Dose given  
Staff initials


Date  
Time given  
Dose given  
Staff initials


Date  
Time given  
Dose given  
Staff initials


Date  
Time given  
Dose given  
Staff initials


Toot Hill School | The Banks, Bingham, Nottingham NG13 8BL  
Telephone: 01949 875550 | Email: [contact@toothillschool.co.uk](mailto:contact@toothillschool.co.uk) | Website: [www.toothillschool.co.uk](http://www.toothillschool.co.uk)

Executive Head Teacher: **Sandra Paley** BSc (Hons), PGCE, MEd | Head of School: **Christopher Eardley** BSc (Hons), PGCE, PhD

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Registered Office: C19, The Sir Colin Campbell Building, University of Nottingham Innovation Park, Triumph Road, Nottingham NG7 2TU, ENGLAND

