Kirk Fenton Primary School

Record of medicing	ne ac	Imini	stere	d to ar	n indi	vidual	child			
Name of school/setting	9		C							\supset
Name of child			C							\supset
Date medicine provided	by par	rent	Ċ	/		/	\supset			
Group/class/form			\subset							\supset
Quantity received			C							\supset
Name and strength of m	nedicine	э.	\subset							\supset
Expiry date			C	/		/	\supset			
Quantity returned			C							\supset
Dose and frequency of n	nedicin	е	C							\supset
Staff signature						<u></u>				
Signature of parent			2			-				
Signature of parent	\subset	1	- /		/	/	$\supset \subset$	/	/	\supset
		1	- /		/	/		/	/	$\bigcap_{i=1}^{n}$
Date		/	1		/	/		/	/	
Date Time given		1			/	/		/	/	
Date Time given Dose given		1	-		/	/		/	/	
Date Time given Dose given Name of member of staff		/	-		/	/		/	/	
Date Time given Dose given Name of member of staff		1	-		/	/		/	1	
Date Time given Dose given Name of member of staff Staff initials		1	-		/	/		1	1	
Date Time given Dose given Name of member of staff Staff initials Date		/	-		/	/		/	/	
Date Time given Dose given Name of member of staff Staff initials Date Time given		1	-		/	/		/	1	