



Barnston Primary School

'a health promoting school'

Headteacher: Mrs L. Thompson-Broom



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Form 5 - Record of medicine administered to an individual child

Name of school/setting	Barnston Primary School
Name of child	
Date medicine provided by parent/carer	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry Date	
Quantity returned	
Dose and frequency of medicine	

Staff Signature _____.

Signature of parent/carer _____.

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

