

HAMILTON COLLEGE MEDICATION RECEIPT

FORM B

This Form is for: Short Term Medication in School

Name of Pupil _____ Class _____

Date Medication provided by parent: _____

Name of Medication(s): _____

Dose and method (how much and when taken):

When it is taken (time of day):

Quantity received

Expiry date

Date and quantity returned to parent

Any other information:

The school reserves the right to take any medication, not removed within one week of its expiry date, to a pharmacy for safe disposal. A charge of £10 will be levied if this is required.

Staff Signature: _____ Print Name: _____

I give permission for my child to be given the above medication.

Parental Signature: _____ Print Name: _____

Parental Contact Number: _____ Date: _____

FOR OFFICE USE ONLY

Where medication held: _____ Expiry date: _____

When medication returned to parent: _____

How much medication is returned to parent: _____

Signature of Member of Staff: _____