



POTTEN END C of E PRIMARY SCHOOL

Church Road, Potten End, Berkhamsted, Hertfordshire, HP4 2QY

Headteacher
Mrs Jane Senior

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ISSUING MEDICINE TO A CHILD DURING SCHOOL TIME

Name:

Class:

Medical Condition:

Name of Medicine & Dose:

When Will the Medication Finish?

Medication Collected By (at end of course):

| MON | TUE | WED | THUR | FRI |
|-----|-----|-----|------|-----|
| | | | | |
| | | | | |
| | | | | |

Parent/Guardian Signature:

Date:

To be completed by parent/guardian prior to medicine being given at school.
Each dose to be inserted daily at the prescribed time.

FORM MED 1