

# Gorsley Goffs Primary School

## Individual Pupil Medications Record

Name of pupil:

Class:

Date medication provided by parents:

Name of Medication:

Quantity received:

Dose and method (how much and when taken):

Any other information:

Time of day to be taken:

Expiry date:

Parent signature:

Print name:

Parent contact number:

Staff signature:

Print name:

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If this is a new medical condition has SIMS been updated?

Have Teachers/Kitchen/Forest Schools been informed of condition?

Has Head been informed? Is Care Plan needed?