



Gonerby Hill Foot Church of England Primary School



Gonerby Hill Foot, Grantham, Lincs NG31 8HQ

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Record of regular medicine administered to an individual child

Name of school Gonerby Hill Foot Primary School

Name of child _____

Class _____

Date of medicine provided by parent _____/_____/_____

Name and strength of medicine _____

Dose and time medicine to be given _____

Quantity returned home and date _____

Staff signature _____

Signature of parent _____

Following in God's footsteps, together we grow and flourish



to be the best we can be.

