

# Gonerby Hill Foot Church of England Primary School



Gonerby Hill Foot, Grantham, Lincs NG31 8HQ

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Headteacher Mrs Jayne Watson

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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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff signature

\_\_\_\_\_

Signature of parent

\_\_\_\_\_

Quantity returned home and date  
(if applicable)

\_\_\_\_\_

*Let all that you do be done in love. 1Corinthians 16:14*

Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Observations/comments	_____	_____	_____
	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Observations/comments	_____	_____	_____
	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Observations/comments	_____	_____	_____
	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____