# STANNINGTON_LOGO_MONORecord of Medicine Administered to an Individual Pupil

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| Name of pupil:  |  |
| Group/class/form: |  |  |  |  |
| Date medicine provided by parents: |  |
| Quantity received: |  |
| Name and strength of medicine: |  |
| Expiry date: |  |  |  |  |
| Dosage: (administered at 12.00 prior to lunch)  |  |
| Dates between medicine to be administered:  |  |

Staff signature:

Parent signature:

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| Date: |  |  |  |  |  |  |  |  |  |
| Time given: |  |  |  |
| Dose given: |  |  |  |
| Name of member of staff: |  |  |  |
| Staff initials: |  |  |  |
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| Date: |  |  |  |  |  |  |  |  |  |
| Time given: |  |  |  |
| Dose given: |  |  |  |
| Name of member of staff: |  |  |  |
| Staff initials: |  |  |  |

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