

Register of Medicines for Alderman Knight School



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date	Name of person who brought medicine into school	Name of Medication	Amount supplied	Expiry Date	Dosage and time of dosage

**Additional information (if any):**

I give permission for the above medicine to be administered to my son / daughter.

Signed \_\_\_\_\_ (parent/carer)

Date \_\_\_\_\_