|  |  |
| --- | --- |
| Name of child |  |
| Tutor Group |  |
| Date medicine provided by the parent |  |
| Quantity received |  |
| Name of medicine |  |
| Strength of medicine |  |
| Expiry date |  |
| Dose and frequency of medicine |  |
| Is this a controlled drug?  Controlled drugs are drugs that are subject to high levels of regulation as a result of government decisions about those drugs that are especially addictive and harmful. | Yes / No |

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| Date |  |  |  |
| Time given |  |  |  |
| Dose and strength given |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials |  |  |  |
| Witness name if controlled drug |  |  |  |
|  |  |  |  |
| Date |  |  |  |
| Time given |  |  |  |
| Dose and strength given |  |  |  |
| Name of member of staff |  |  |  |
| Witness name if controlled drug |  |  |  |
|  |  |  |  |
| Date |  |  |  |
| Time given |  |  |  |
| Dose and strength given |  |  |  |
| Name of member of staff |  |  |  |
| Witness name if controlled drug |  |  |  |
|  |  |  |  |
| Date |  |  |  |
| Time given |  |  |  |
| Dose and strength given |  |  |  |
| Name of member of staff |  |  |  |
| Witness name if controlled drug |  |  |  |
| Date |  |  |  |
| Time given |  |  |  |
| Dose and strength given |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials |  |  |  |
| Witness name if controlled drug |  |  |  |
|  |  |  |  |
| Date |  |  |  |
| Time given |  |  |  |
| Dose and strength given |  |  |  |
| Name of member of staff |  |  |  |
| Witness name if controlled drug |  |  |  |
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| Date |  |  |  |
| Time given |  |  |  |
| Dose and strength given |  |  |  |
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| Date |  |  |  |
| Time given |  |  |  |
| Dose and strength given |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials |  |  |  |
| Witness name if controlled drug |  |  |  |