



# SCISSETT MIDDLE SCHOOL

Wakefield Road, Scissett, Huddersfield, HD8 9JX

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Headteacher: Mrs A. Large

Name of Pupil: .....

Class: .....

Name/type of medicine (as described on container): .....

..... Expiry Date: .....

Dosage & frequency: .....

Quantity received: .....

Date received: .....

Parent/carer signature: .....

Staff signature: .....

Quantity returned: ..... Date returned: ..... Staff signature: .....

Date					
Time					
Dosage					
Staff signature					

Date					
Time					
Dosage					
Staff signature					

Date					
Time					
Dosage					
Staff signature					

Date					
Time					
Dosage					
Staff signature					

