



GRETTON
SCHOOL

Medication Receiving Form

This form is to be used to evidence the transfer of medication to/from school.

Student Name: _____ **DoB:** ____/____/____

Class: _____

Medication	Dosage	Quantity	Form <i>(liquid/tablet)</i>

Home to School	School to Home
Parent / Carer: _____ Date: ____/____/____	Staff: _____ Date: ____/____/____
Taxi / PA: _____ Date: ____/____/____	Taxi / PA: _____ Date: ____/____/____
Staff: _____ Date: ____/____/____	Parent / Carer _____ Date: ____/____/____

*It is a statutory requirement to keep a thorough record of any medication, particularly if it is conveyed via a third party, such as a **Taxi Driver** or **Passenger Assistant**. A signature should be obtained whenever the specified contents change hands, to limit personal liability.*