School Medication Record for Methylphenidate (Ritalin™ or Equasym™) **Please print double sided**

A member of staff witnessed by the parent/carer **OR** the pupil if aged 16 or over **OR** another member of staff must record the number of tablets held in school each time a new supply is received or a tablet is issued and both parties sign this document in the appropriate column.

Pupil's name			Date of birth		School	
Date	**Time**	**Number of Tablets Received**	**Number of Tablets Given**	**Total Number of Tablets now held in school**	**Signature of Member of Staff**	**Signature of Witness**

February 2017

EDINBVRGH THE CITY OF EDINBURGH COUNCIL CHILDREN AND FAMILIES