

School Medicine Record

Child's Name

Class

Name of medicine

Strength of medicine (if appropriate)

How much to give i.e. dose

When to be given and for how many days

Any other relevant instructions

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Parent / Carer contact details

Name Telephone number

Tick appropriate box

Medicine to be left at school (e.g. Inhalers)

Medicine to be taken home each day (e.g. antibiotics)

1. In consideration for the Head teacher or the school's staff agreeing to give medication to my/our above named child during school hours, I/we agree to indemnify the Head Teacher, the school's staff and the Local Education Authority against all claims, costs, actions and demands whatsoever resulting from the administration of the medicine unless such claims, costs, actions or demands result out of negligence of the Head Teacher, the school's staff or the Local Education Authority.

Parent Signature Date

If more than one medicine is to be given a separate form must be completed for each.

Date									
Time Given									
Given by (initials)									
Checked by (Initials)									

It is the parents/carers responsibility to check that the appropriate medicine has been given and to review the medicine record regularly. If long term medicines are to be left at school the parent/carers are responsible for checking that the medicines are in date and sufficient medicines are left at school.

