

HEATHWOOD LOWER SCHOOL

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:.....

Any other instructions (include details for inhalers if any).....

Telephone No. of parent or adult contact.....

Tick appropriate box

Medicine to be left at school

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

In consideration for the Headteacher or the school staff agreeing to give medication to my/our above named child during school hours, I/we agreed to indemnify the Headteacher, the school staff & 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 the negligence of the Headteacher, the school staff or the Local Education Authority.

Parent/Carer's signature:.....

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

DATE													
TIME GIVEN													
INITIALS													

Date medicine returned to parent on completion of course of medicine:.....