

SCHOOL MEDICINE FORM

CHILD'S NAME .....

CLASS .....

NAME OF MEDICINE .....

STRENGTH OF MEDICINE (IF APPROPRIATE) .....

HOW MUCH TO GIVE (DOSE) .....

WHEN TO GIVE .....

START DATE .....

EXPIRY DATE OF MEDICINE .....

HOW LONG IS THE COURSE OF MEDICATION FOR .....

ANY OTHER INSTRUCTIONS .....

PARENT'S NAME .....

CONTACT NUMBER .....

GP'S NAME AND TELEPHONE NUMBER .....

.....

MEDICINE TO BE LEFT AT SCHOOL  MEDICINE TO BE TAKEN HOME EACH DAY

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

It is essential that we keep up to date medical records for all children. All medication brought into school needs to be collected by an adult at the end of the course or the school year (whichever is applicable). Therefore if any medication stored in school is not collected at the appropriate time, we will dispose of it.

**Please also note that only medication prescribed by GP 4 x day can be administered in school. If more than one medicine is prescribed a separate form needs to be completed.**

Parents' Signature ..... Date .....