

SCHOOL MEDICAL RECORD

PART 1 - To be completed by the parent/guardian. If more than one medicine is to be given, a separate form should be completed for each.

Child's Name: _____

Class/Tutor Group: _____

Name of Medicine: _____

How much to give
(i.e. dose): _____

When to be given: _____

Any other instructions
(include details for
inhalers, if any) and
particular circumstances
requiring medication
(i.e. asthma) _____

DECLARATION

I request that the above medication be given in accordance with the above information by a responsible member of the school staff, who has received any necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with medicines in properly labelled containers.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent, and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Signed: _____ Date: _____
Parent/Guardian

Telephone No. of parent or adult contact: _____

Signed GP: _____ (if parent uncertain of dosage)

PART 2 - To be completed by teacher/staff member at time of giving medicine.

DATE														
TIME GIVEN														
SIGNATURE														
DOSAGE														