

KYMBROOK LOWER SCHOOL – MEDICATIONS RECORD FORM

Child's Name \_\_\_\_\_

Class / Tutor Group \_\_\_\_\_

Name of Medication \_\_\_\_\_

Strength of Medication if appropriate \_\_\_\_\_

How much to give (dosage) \_\_\_\_\_

When to be given \_\_\_\_\_

Any other relevant instructions \_\_\_\_\_

Phone Number of adult contact \_\_\_\_\_

Tick Correct Box: Medicine to be kept at school  Medicine to be taken home each day

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

Parent/Carer Signature. \_\_\_\_\_

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

Date									
Time									
Sig 1.									
Sig 2.									

Date medicine returned to parent/carers on completion of course of medication. \_\_\_\_\_