



COMPASSION, ACCEPTANCE, RESPONSIBILITY, FORGIVENESS, TRUST

Record of medicine administered to an individual child

Name of Child: _____

Date of Birth _____/_____/_____

Class _____

Name of medicine _____

Date Medicine provided by Parent _____ Quantity Received _____

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.

Parent/Guardian Signature _____

Date: _____

Telephone number of parent or adult contact: _____

PART 2 – To be completed by staff member at time of giving medicine

Date							
Time given							
Dose given							
Name of Staff Member							
Staff Initials							

Date							
Time given							
Dose given							
Name of Staff Member							
Staff Initials							