



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							
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