



## MEDICATION RECORD

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

Class/tutor group \_\_\_\_\_

Condition medicine is for  
(i.e. Asthma, nut allergy) \_\_\_\_\_

Name of medicine \_\_\_\_\_

Strength of medicine \_\_\_\_\_

How much to give  
(1 puff wait for 10 then another puff) \_\_\_\_\_

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

Any other instructions  
(Include details for inhalers if any) \_\_\_\_\_

Medicine Expiry Date \_\_\_\_\_

Phone No. of parent or adult contact \_\_\_\_\_

Tick appropriate box

Medicine to be left at school

Medicine to be taken home each day

|  |
|--|
|  |
|  |

1. In consideration for the Headteacher or the school's staff agreeing to give medication to my/our above named 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 resulting from the administration of the medicine unless such claims, costs, actions or demands result out of the negligence of the Headteacher, the school's staff or the Local Education Authority.

Parent's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

For Internal Use Only

If more than one medicine is to be administered a separate form should be completed for each

# Great Barford Church of England Primary Academy



*'Growing together through learning, friendship and worship'*

---

|            |  |  |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|--|--|--|
| Date       |  |  |  |  |  |  |  |  |  |  |  |
| Time Given |  |  |  |  |  |  |  |  |  |  |  |
| Sign       |  |  |  |  |  |  |  |  |  |  |  |
| Witness    |  |  |  |  |  |  |  |  |  |  |  |

|            |  |  |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|--|--|--|
| Date       |  |  |  |  |  |  |  |  |  |  |  |
| Time Given |  |  |  |  |  |  |  |  |  |  |  |
| Sign       |  |  |  |  |  |  |  |  |  |  |  |
| Witness    |  |  |  |  |  |  |  |  |  |  |  |

*\* When medication is given to a child, this form must be signed by the member of staff administering the medication and then witnessed by another member of staff. Medication required*

