

Appendix 2

SCHOOL MEDICINE RECORD

PART 1 - All sections 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: _____

Name of Medicine: _____

What is this Medicine for: _____

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

When to be given: _____

(Please specify exact timings, as 'as and when needed' does not provide sufficient clarity)

Length of course: _____

Any other instructions (include details for inhalers, if any) and any 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 **original packaging with prescription details**.

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 _____

Contact telephone No. of parent or adult: _____

Medicine/s administered will be recorded by the responsible member of staff on CPOMS. This will include the date, time and dosage of medication given.