



Newton-le-Willows Primary School



MEDICATION RECORD SHEET – PART 1 Non-Prescription Medicine

Name of Child: _____ Class: _____ Child's Date of Birth: _____

Address: _____

GP _____

Allergies _____

Date	Name of Person Who brought it in	Name of medication	Amount Supplied (when first brought in) (N/A if liquid or cream. If tablets – how many tablets were in packet when received)	Form Supplied (E.g. tablet, cream, liquid)	Expiry date	Dosage Regime (How many times a day).	Duration medication will be taken for

INDEMNITY

I am aware that my child _____ needs to take the medication mentioned above in school hours. I have provided the Head Teacher with information how this medication is to be administered and I undertake to ensure that the school has an adequate supply of the medication. I accept that as long as it is administered responsibly in accordance with the medicine's user instructions, then I will not hold the Head Teacher or the LA, nor its servants or agents responsible in the event that _____ suffers any adverse effect from the administration of the above mentioned medication.

I can confirm that my child has already had one dose of the medication at home (to observe for adverse reactions) and this was given at _____ am/pm ☐

I can confirm that my child is currently taking no other medication. Y/N

Or, if other medication is being taken, I can confirm that I have checked that the medicines are safe to take together and that the school is not responsible for any unsafe interactions between the medicines Y/N

PARENT SIGNATURE: _____

DATE _____

SIGNATURE OF MEMBER OF STAFF
WHO RECEIVED MEDICATION FROM PARENT: _____

DATE _____

SIGNATURE OF FIRST AIDER WHO COLLECTED
MEDICATION FROM OFFICE AND STORED IN
RELEVANT PLACE E.G. FRIDGE, LOCKED CUPBOARD: _____

DATE _____

SIGNATURE OF CHILD'S CLASS TEACHER: _____

DATE _____

MEDICATION RECORD SHEET – PART 2

Name of Child: _____ **Class:** _____ **Child's Date of Birth:** _____

Register of Medication Administered

[illegible]