Newton-le-Willows Primary School

MEDICATION RECORD SHEET – PART 1

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 Doctor's 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**_____

Newton-le-Willows Primary School

MEDICATION RECORD SHEET – PART 2

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

Register of Medication Administered

Date	Medication	Amount given	Amount Left (N/A if liquid or cream. If tablets – how many tablets left in packet)	Time	Administered by	Countersignature	Comments / Action Side effects