

## Medication Record

### Part 1 – To be completed by the parent/guardian.

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

**Name of Child** \_\_\_\_\_

**Class** \_\_\_\_\_

**Name of Medicine** \_\_\_\_\_

**Dosage to be administered** \_\_\_\_\_

**Time of administration** \_\_\_\_\_

Any other instructions (including details of inhalers, if any) and particular circumstances requiring medication (i.e Asthma) \_\_\_\_\_

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### 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 the 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 will be told of any such action as soon as possible.

**Name of Parent/Guardian** \_\_\_\_\_

*Please print*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Thankfulness, Compassion, Endurance, Friendship, Pride

**PART 2** – *To be completed by adult at time of administering medication.*

DATE	TIME ADMINISTERED	DOSAGE	SIGNATURE