

SCHOOL MEDICINE RECORD

Both sides of form must be completed

Child's Name & Class	
Name of Medicine	
What is the medicine treating?	
How much to give (i.e. dose)	
When to be given (time) and details (i.e. before food)	
How much medicine has been given to school? (no of tablets or days dosage)	
Tel No of parent or adult contact	
Parent's signature	
Staff signature who accepted the medication	
Staff signature who will administer/supervise the medication being taken/given	

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

Additional comments & Photograph (where appropriate)

** Please destroy when the course of medication is complete. Please alert the office that the medication is finished.

SCHOOL MEDICINE RECORD

Date												
Time given/taken												
Staff Initials												

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