



Mrs C Logan, MA, PGCE, NPQH

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### MEDICINE RECORD

<b>Child's name:</b>	<b>Class:</b>
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NAME OF MEDICINE:	DOSAGE:	TIME:

**Any other instructions** (include details for inhalers, if any) and any particular circumstances requiring medication:

**I give permission for a member of staff to administer Calpol to my child for general pain or headaches.**

**DECLARATION**

- i) I request that the above medication be given in accordance with the information by a responsible member of the school staff who has received 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.
- ii) I undertake to supply the school with medicines in properly labelled containers
- iii) 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)** \_\_\_\_\_ **(Parent/Carer)** **Date:** \_\_\_\_\_



Child's Name: \_\_\_\_\_

TO BE COMPLETED BY AUTHORISED ADULT ADMINISTERING MEDICINE

DATE	TIME	DOSAGE	SIGNATURE

DATE	TIME	DOSAGE	SIGNATURE

