



RIDGMONT LOWER SCHOOL

MEDICINE RECORD/INDEMNITY FORM

Child's Name Class

Name of Medicine

How much to give (i.e. dose)

When to be given

If the medicine is non-prescribed, i.e. calpol, etc. please give details of when your child had their last dose and how much was given

TIME :DOSE.....

Any Other Instructions

Medicine to be left at school? YES NO (Circle as appropriate)

In consideration for the Headteacher or the school's staff agreeing to give medication to my above named child during school hours, I agree to indemnify the Headteacher and school's staff and the Local Education Authority against all claims, costs, actions and demands whatsoever resulting from the administration of the medicine unless such claims, costs, actions or demands result out of negligence of the Headteacher, the school's staff or the Local Education Authority.

Parent's Signature Date

Date					
Time					
Staff member's initials					

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

NOTE TO STAFF MEMBER ADMINSTRERING A NON-PRESCRIBED MEDICINE – IT IS ENCUMBENT UPON YOU TO COMPLETE THE FORM DETAILING WHEN YOU GAVE THE MEDICINE AND THAT FORM MUST (WHEN EVER POSSIBLE) BE HANDED TO THE PARENT. DO NOT SIMPLY PUT IT IN THIER BOOK BAG. AJ