Appendix A

Medicine Record

Child ’s Name
Class
Name of Medicine
How much to give (i.e. dose)
When to be given
Any other instructions
Phone number of Parent/Carer or other adult contact
Name of G.P
G.P telephone no.

The above information is to the best of my knowledge accurate at the time of writing and I give my consent to school staff administering the medication in accordance with the school and Academy policy.

Signed _____ Parent / Carer

Print Name _____

Date _____