



**Toddington St. George Church of England School**

**School Medicine Record**

Child's Name: .....

Class Name/Year: .....

Name of Medicine: .....

Strength of Medicine: .....

How much to give (dose): .....

When to be given: .....

**(Please note the school will only give medicine if prescription states to be taken four times a day otherwise doses can be given at home)**

Any other instructions .....

Please note that details for Asthma sufferers to be recorded separately on **'Treatment of Asthma Form'**

Phone No. of Parent/Adult .....  
Contact: .....

- Medicine to be left at School )  
 Medicine to be taken home daily ) **PLEASE TICK APPROPRIATE BOX**

In consideration for the Headteacher or the School's staff agreeing to give medication to the above named child during school hours, I/we agree to indemnify the Headteacher, the 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 the negligence of the Headteacher, the School's staff or the Local Education Authority.

Parent's Signature: .....

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

DATE								
TIME GIVEN								
SIGN								

Date medicine returned to parent on completion of course of medicine: .....



## Toddington St. George Church of England School

### Treatment of Asthma Record

Child's Name: .....

Class Name/Year: .....

Name and Dosage of  
Bronchodilator or Reliever .....  
(eg: Ventolin):

Name and Dosage of  
Preventer, if used .....  
(eg: Becotide)

Does your child ever need to use a Nebuliser? Yes / No

Has your child ever been hospitalised for asthma? Yes / No

Is the medication to be self-administered, eg: any of the inhalers Yes / No

Please list below any allergies and other things which can trigger your child's asthma:

.....  
.....

- Medicine to be left at School )  
 Medicine to be taken home daily ) **PLEASE TICK APPROPRIATE BOX**

In consideration for the Headteacher or the School's staff agreeing to give medication to the above named child during school hours, I/we agree to indemnify the Headteacher, the 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 the negligence of the Headteacher, the School's staff or the Local Education Authority.

Parent/Carers Signature: ..... Date: .....

Contact No. for any queries: .....