King's Oak Primary School
Oak Road, Bedford, MK42 0HH
Tel: 01234 220480
Email: enquiries@kingsoakprimary.co.uk

Headteacher: Mrs Ali England

Visit our website: www.kingsoakprimary.co.uk

SCHOOL MEDICINE RECORD

Childs name……Year: …….…. Class:……

Name of medication……...……...

Strength of medication if appropriate:……..……..

When to be given:…… ……. Dose to be given:……

Any other instructions:……..……..……...

Tel no of parent/carer……..……..

In consideration for the Headteacher or School's staff agreeing to give medication to my/our 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/Carer signature…….. Date: ……..……..

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

Date administered	Time administered	Dose administered	Administered by

Date administered	Time administered	Dose administered	Administered by

Date medication taken home:…….. Signed:…….

Parent/Carer