



ST MARY'S CHURCH OF ENGLAND PRIMARY SCHOOL

MEDICAL INDEMNITY FORM

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication
ALL MEDICATION MUST BE PRESCRIBED BY A DOCTOR AND HAVE A DISPENSING LABEL ATTACHED

DETAILS OF PUPIL

SURNAME	
FORENAME	
ADDRESS	
DATE OF BIRTH	
YEAR GROUP	
CONDITION OR ILLNESS	

MEDICATION

NAME/TYPE OF MEDICATION (As described on the container)	
DATE DISPENSED	
FOR HOW LONG WILL YOUR CHILD TAKE THIS MEDICATION?	
IS YOUR CHILD TAKING ANY OTHER MEDICATION?	
HAS YOUR DOCTOR TOLD YOU/YOUR CHILD NOT TO TAKE ANTHING WITH THE MEDICATION? NB: If any other mediation is already being taken, no other medication should be given without the Doctor's consent.	

FULL DIRECTIONS FOR USE:

DOSAGE AND MEDTHOD	
TIMING	
SPECIAL PRECAUTIONS	
SIDE EFFECTS	
SELF ADMINISTRATION	
PROCEDURES TO TAKE IN AN EMERGENCY	

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake. I also undertake to update the school with any changes in administration for routine or emergency medication and to maintain an in date supply of the medication.

DATE	
RELATIONSHIP TO PUPIL	
SIGNATURE	



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TO BE COMPLETED BY PARENT/GUARDIAN

PUPIL NAME	
YEAR GROUP	
NAME OF MEDICATION (As described on the container)	
DOSAGE	

FOR SCHOOL USE ONLY

DATE	TIME	ADMINISTERED BY