



ST MARY'S CHURCH OF ENGLAND PRIMARY SCHOOL

MEDICAL INDEMNITY FORM (MAY 2019)

**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 IN-DATE DISPENSING LABEL ATTACHED**

DETAILS OF PUPIL:

		Staff check
SURNAME		
FORENAME		
ADDRESS		
DATE OF BIRTH		
YEAR GROUP		
CONDITION OR ILLNESS		

MEDICATION:

		Staff check
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:

		Staff check
DOSAGE AND METHOD (If the dose should vary during the course, please complete a separate form for each dose to avoid ambiguity)		
TIMING (specify time of day and for how many days)		
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	

