Appendix 4

Biddenham International School & Sports College

STUDENT MEDICATION RECORD

Student's Name:		**Tutor Group:**	
Name of Medicine:			
Amount to be given: (e.g. 1 tablet)			
When to be given:			
Number of tablets received:			
Date tablets received:			
Any other instructions:			
Medicine left in school:	**Yes/No**		

In consideration for the Principal or school staff agreeing to give medication to my/our above name child during school hours, I/we agree to indemnify the Principal, school staff and the Local Authority against all claims, costs, actions and demands whatsoever resulting from administration of the medicine unless such claims, costs, actions or demands result out of the negligence of the Principal, the school staff or the Local education Authority.

Medication brought into school for students must be clearly labelled with the student's name, dosage and frequency of administration, date of dispensing, cautionary advice and expiry date. All such medication is locked in a first aid cupboard in a locked room in the Sanctuary. If the medication is not collected by the end date, it will be disposed of by the school.

Parent Signature:		**Date:**	

Date	Time	Staff Signature	Comment	Student Sign