

**Oxley Park Academy**  
**School Medicine record / Indemnity form**

Child name: .....

Class: .....

Name of Medication: .....

Dosage: .....

Storage: .....

Any other instructions: .....

Telephone number: .....

End of treatment: ...../...../.....

Please tick appropriate box

Medicine will be left at school. [ ]

Medicine will be collected and taken home every day. [ ]

Label Checked by: .....

In consideration for the Headteacher or the schools staff agreeing to give medication to my/our above child during school hours, I/we agree to indemnify the Headteacher, the schools staff and 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 staff or local education authority.

Parent/Guardian signature: ..... Date .....

Date									
Time									
Administered by									
Witnessed by									

Date medicine returned to parent/guardian on completion of course of medicine:

Date: ..... Staff Member .....