 **Fulbrook**

**School Medicine Record**

Fulbrook staff will not give your child medicine, unless you complete and sign this form. Members of staff also have the right to refuse to administer medicine.

**Child’s name and form:**

**Reason for medicine:**

**Name of medicine:**

**Strength of medicine:**

**Dosage of medicine:**

**When to be given:**

**Other information e.g. known side effects:**

The above information is, to the best of my knowledge, accurate at the time of signing and I give consent to Fulbrook staff administering medicine in accordance with the above and the school policy. I will inform the school in writing of any change to the above.

I agree to indemnify the Head Teacher, Fulbrook staff and Fulbrook School 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 Head Teacher, Fulbrook staff or Fulbrook School.

Signed: Date:

8th December 2022