

## APPENDIX 2 – Medicines Log

Individuals are responsible for complying with the Supporting Pupils with Medical Conditions Policy when completing this form.

Employees should be aware that non-accurate completing of this form, could result in disciplinary proceedings taking place.

HILLTOP PRIMARY ACADEMY MEDICINES LOG							
Name		Date of Birth			Class		
Home Address		Parents/Carers			Contact Numbers		
GP/Health Practitioner contact details		Medical Condition/Need for Medication			Any Known Allergies		
Register of Medication Obtained							
Date	Name of person who brought in the medication & relationship to child	Name of Medication	Amount & Form Supplied	Expiry Date	Dosage Regime	Staff Received By	Parent Permission Signature*

		<b>Register of Medication Administered</b> <b>The employee must check the correct medication and dosage is given to the named child.</b> <b>All administration of medication should be witnessed by another employee.</b>							
Date	Medication	Amount Given	Amount Left	Time	Administered By Employee Name	Administered By Employee signature	Witnessed By Employee Name	Witnessed by Employee signature	Comments/Side Effects

By signing here I give my consent for my/my child's personal information to be used for the purpose described above and for this information to be shared with appropriate members of staff.

I note have the right to withdraw this consent at any time and can do this by contacting the academy.

Signed:

Date:

PRINT NAME:

For more information on how the academy uses data it holds about you and/or your child, how long it is kept and your rights relating to it, e.g. to have it corrected, erased, restricted, transferred or to see your records please see the Trust's Privacy Policy at [www.djanogly.org](http://www.djanogly.org) or request a copy from the Academy.