



DHVT8 - Individual Medical Record

Name of Student

D.O.B

Form

Part 1 – Details of Over the Counter (OTC) Medications provided by the parent/carer

Medical Condition(s)	
Name and strength of OTC medications that you are providing as a parent/carer for your child (Please refer to paragraph below*)	
Dose and Frequency Required	
Quantity Received	
Parent/carer agreement with the school (Please tick agreed box)	<input type="checkbox"/> Student will self-manage all medical needs without assistance <input type="checkbox"/> Student will self-manage but may need some assistance

***I confirm that the medication is in its original packaging and that the following details are clearly identified; expiry date, recommended dosage and any relevant advice about how to administer the medication.**

I give my permission for this medication to be used for future medical needs, if necessary.

Yes No

Parent/Carer Signature

Date.....



Name of Student

D.OB

Form

Part 2 – Details of Medications Prescribed by a Medical Professional

Medical Condition(s)	
Name of medications prescribed by a medical professional (Please refer to paragraph below*)	
Dose and Frequency Required	
Quantity Received	
Parent/carer agreement with the school (Please tick agreed box)	<input type="checkbox"/> Student will self-manage all medical needs without assistance <input type="checkbox"/> Student will self-manage but may need some assistance <input type="checkbox"/> Student will need a trained medical administrator

***I confirm that the medication is in its original packaging and that the following details are clearly identified by the prescriber: my child's name, the date the medication was prescribed, expiry date, prescribed dose and any relevant advice about how to administer the medication.**

Does your child have a long-term medical condition e.g. diabetes, asthma, heart condition etc?

Yes No

If you have answered yes to the question above, have you agreed a 'Health Care Plan' with the school and SENDCo?

Yes No

Parent/Carer Signature

Date.....

