This form should be used to log any medicines that have been given while providing care for pupils.

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| Home Learning Hub Medicine Log |  |
| Pupil’s Name:  | DOB:  | A white rectangular box with black text  Description automatically generated |
| Date and Time: |  |
| Name of medication:  | Storage: |
| Reason of requiring medication: |  |
| Dosage and frequency: |
| Parent’s Name: | Practitioner’s Name: | A close-up of a table  Description automatically generated |
| I confirm that the medication supplied is in the original container. I confirm that my child has already had previous doses of this medication and has not suffered any untoward reactions. | Where there is a risk of overdose, parents/carers will be contacted prior to administration, to verify that the child has not had any previous doses at home that day. |
| I give consent for my childminder to administer the above medication, at the stated dosage and frequency, as and when required, to my child. I will inform the childminder of any doses given at home before arrival. |  |
| Signature: | Signature:  | Date signed: |  |

\*All data complies with GDPR policy and is kept in a locked cabinet overnight.