Parent/Carer Agreement for The Bliss Charity School Staff to Administer Medicine at Kings Park (December 2023)

The Bliss Charity School has a policy that its staff can administer medicine to pupils, but this will only be done if parents/carers sign and complete this form.

Name of the parent/carer completing this form

Child's date of birth	Pa	arent/carer's contact telephone number		
Child's medical condition or illness	Re	elationship to the child		
	Medicine 1	Λ	Medicine 2	Ī
Name/type of medicine (as described on the container)		Name/type of medicine (as described on the container)		
Expiry date		Expiry date		
Amount of medication provided		Amount of medication provided		
Dosage and method		Dosage and method		
Timing		Timing		
Time and date of the last dosage		Time and date of the last dosage		
Special precautions or other instructions		Special precautions or other instructions		_
Are there any side effects that the school needs to know about?		Are there any side effects that the school needs to know about?		
Self-administration – y/n		Self-administration – y/n		
Procedures to take in an		Procedures to take in an		

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.					
will inform the school immediately if there is any change in dosage or frequency of the medication or if the medication is to be stopped.					
Signature:	Date:				

emergency

• Medicines must be in the original container as dispensed by the pharmacy.

Name of the child

01:11 1 4 61:41

emergency

- Medicines must be handed in inside a NAMED bag or box and given to Mr. Colton or Mrs. John on 13th December 2023, please return this form to school by Friday 8th December..
- Medicines MUST NOT be packed inside luggage bags/cases this excludes medicines/devices that pupils need to have immediate access to (e.g. asthma inhalers).
- All medicines must be collected (and signed for) from Mr. Colton or Mrs. John when we return to school on 14th December 2023.

Name/type of medicine (as described on the container)	Name/type of medicine (as described on the container)					
Expiry date	Expiry date					
Amount of medication provided	Amount of medication provided					
Dosage and method	Dosage and method					
Timing	Timing					
Time and date of the last dosage	Time and date of the last dosage					
Special precautions or other instructions	Special precautions or other instructions					
Are there any side effects that the school needs to know about?	Are there any side effects that the school needs to know about?					
Self-administration – y/n	Self-administration – y/n					
Procedures to take in an emergency	Procedures to take in an emergency					
A member of the school staff shared the record of medicine administered to n	my child during the trip.					
I am aware of the last time and dosage of medicines administered to my child	ı.					
I have received the remaining medicine prescribed for my child in good order.						
The correct amount of medication was returned to me.						

Date: _____

Medicine 4

Medicine 3

Signature: