

Parent/Carer Agreement for The Bliss Charity School Staff to Administer Medicine at Kings Park (April 2024)

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 child		Name of the parent/carers completing this form	
Child's date of birth		Parent/carers contact telephone number	
Child's medical condition or illness		Relationship to the child	

<i>Medicine 1</i>		<i>Medicine 2</i>	
<i>Name/type of medicine (as described on the container)</i>		<i>Name/type of medicine (as described on the container)</i>	
<i>Expiry date</i>		<i>Expiry date</i>	
<i>Amount of medication provided</i>		<i>Amount of medication provided</i>	
<i>Dosage and method</i>		<i>Dosage and method</i>	
<i>Timing</i>		<i>Timing</i>	
<i>Time and date of the last dosage</i>		<i>Time and date of the last dosage</i>	
<i>Special precautions or other instructions</i>		<i>Special precautions or other instructions</i>	
<i>Are there any side effects that the school needs to know about?</i>		<i>Are there any side effects that the school needs to know about?</i>	
<i>Self-administration – y/n</i>		<i>Self-administration – y/n</i>	
<i>Procedures to take in an emergency</i>		<i>Procedures to take in an emergency</i>	

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.

I 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:** _____

- Medicines must be in the original container as dispensed by the pharmacy.
- Medicines must be handed in inside a NAMED bag or box and given to Mrs. Sharp or Mrs. East on 18th April 2024, please return this form to school by Tuesday 16th April 2024.
- 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 Mrs. Sharp or Mrs. East when we return to school on 19th April 2024.

Medicine 3		Medicine 4	
<i>Name/type of medicine (as described on the container)</i>		<i>Name/type of medicine (as described on the container)</i>	
<i>Expiry date</i>		<i>Expiry date</i>	
<i>Amount of medication provided</i>		<i>Amount of medication provided</i>	
<i>Dosage and method</i>		<i>Dosage and method</i>	
<i>Timing</i>		<i>Timing</i>	
<i>Time and date of the last dosage</i>		<i>Time and date of the last dosage</i>	
<i>Special precautions or other instructions</i>		<i>Special precautions or other instructions</i>	
<i>Are there any side effects that the school needs to know about?</i>		<i>Are there any side effects that the school needs to know about?</i>	
<i>Self-administration – y/n</i>		<i>Self-administration – y/n</i>	
<i>Procedures to take in an emergency</i>		<i>Procedures to take in an emergency</i>	

A member of the school staff shared the record of medicine administered to my child during the trip.

I am aware of the last time and dosage of medicines administered to my child.

I have received the remaining medicine prescribed for my child in good order.

The correct amount of medication was returned to me.

Signature: _____ **Date:** _____