

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	

Medicine 1		Medicine 2	
Name/type of medicine <i>(as described on the container)</i>		Name/type of medicine <i>(as described on the container)</i>	
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	

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:** _____