**Appendix B – Parental Consent Form**

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|  **Park House Primary School****Rupert Street, Lower Pilsley,** **Chesterfield, Derbyshire,** **S45 8DB****Tel/Fax: 01246 851185** **Headteacher: Mrs S Kavanagh @parkhouse1889** |

**Parental agreement for school/setting to administer medicine**

The school/setting will not give your child medicine unless you complete and sign this form, and the school/setting has a policy that the staff can administer medicine.

|  |  |
| --- | --- |
| Name of school/setting | PARK HOUSE PRIMARY SCHOOL |
| Name of child |  |
| Date of birth |  |  |  |  |
| Group/class/form |  |
| Medical condition or illness |  |
| **Medicine** |  |
| Name/type of medicine*(as described on the container)* |  |
| Dosage  |  |
| Timing |  |
| Special precautions |  |
| Are there any side effects that the school/setting needs to know about? |  |
| Self-administration |  |
| Procedures to take in an emergency |  |
| **Contact Details** |  |
| Name |  |
| Daytime telephone no. |  |
| Relationship to child |  |
| Address |  |

I understand that I must deliver the medicine personally to the class teacher. I accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

Signed…………………………………………………………………………..

Date…………………………………………………………

**Appendix B – part 2**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |  |  |  |  |  |
| Time: |  |  |  |  |  |  |  |  |  |  |
| Dosage: |  |  |  |  |  |  |  |  |  |  |
| Name administering: |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |  |  |  |  |  |
| Time: |  |  |  |  |  |  |  |  |  |  |
| Dosage: |  |  |  |  |  |  |  |  |  |  |
| Name administering: |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date written: |  | Dates reviewed: |  |  |  |  |  |
| Completed by: |  | Reviewed by: |  |  |  |  |  |

|  |
| --- |
| Comments: |
|  |