**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**

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

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

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

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| --- |
| Comments: |
|  |