

Ralph Butterfield Primary School

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE on **Residential visit** **FORM C**

The staff will not give your child medicine unless this form has been completed and signed.

|  |                                  |               |  |
|--|----------------------------------|---------------|--|
| Name of child :  |                                  | Date of Birth |  |
| Medical condition or illness :   |                                  |               |  |
| Name/type of medicine <i>(as described on the container)</i> storage :   |                                  |               |  |
| Date dispensed :   |                                  |               |  |
| Expiry date :  |                                  |               |  |
| Dosage & method :  |                                  |               |  |
| Date & time of last dosage the child was given :   |                                  |               |  |
| Date of <u>first</u> dosage to be given on trip:   |                                  |               |  |
| Date of <u>last</u> dosage to be given on trip:  |                                  |               |  |
| Time(s) of dosage(s) :   |                                  |               |  |
| Possible side effects :  |                                  |               |  |
| Child to self-administer :   | Yes / No (delete as appropriate) |               |  |
| Procedures to take in emergency :  |                                  |               |  |
| Name & surgery/tel no of GP :  |                                  |               |  |
| Has the medicine has been administered without adverse effect to the child in the past and has the parent/carer certified this is the case | Yes / No (delete as appropriate) |               |  |

**Note:** Medicines **must** be in the original container as dispensed by the pharmacy.

**Contact Details**

|                         |  |
|-------------------------|--|
| Name :                  |  |
| Contact tel no / no.s : |  |
| Relationship to child : |  |

I understand that I must deliver the medicine personally to the named person for the trip

I accept that this is a service that the school is not obliged to undertake.

Signed \_\_\_\_\_ (Parent / Carer)                      Date \_\_\_\_\_

Signed \_\_\_\_\_ (Staff responsible on trip)                      Date \_\_\_\_\_

Signed \_\_\_\_\_ (Headteacher)                      Date \_\_\_\_\_

