Barnby & North Cove CP School

Beccles Road, Barnby, Beccles, Suffolk, NR34 7QB
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Head teacher: Mr Andrew Aalders-Dunthorne,
Interim Executive Headteacher

Parental Consent and Indemnity Form for Administering Prescription Medicines & First Aid

DETAILS OF PUPIL

Surname: …………………………………..………………….. Male/Female: ………….…………

Forename: …………………………………………………… Date of Birth: ………………………

Address: ………………………………………………….... Class: ……………………………..

………………………………………………………………….

………………………………………………………………….

Condition or illness: ……………………………….............

MEDICATION

Name/Type of Medication
(as described on the container)   …………………………………………………………
Date dispensed: …………………………………………………………

Full Directions for use:

Dosage and method: …………………………………………………………
Timing: …………………………………………………………
Special precautions: ………………………………………………………......
Side Effects: …………………………………………………………
Procedures to take in an emergency: …………………………………………………………

CONSENT

I, the parent/guardian of the above named child, request and give permission for the Head teacher, or person acting on his/her authority, to administer the above medication in emergency circumstances and in accordance with the directions given. I understand that neither the Head teacher nor anyone acting on his/her authority, nor the Governing Body nor Suffolk County Council will be liable for any illness or injury to the child arising from the administering of the medicine or drug unless caused by the negligence of the Head teacher, the person acting on his/her authority, the Governing Body or Suffolk County Council, as the case may be.

Name: ………………………………………………. Daytime Telephone No: …………….……...……

Relationship to pupil: …………….……………...

Signature: ………………………………………….. Date: ……………………………………..

Parental Consent and Indemnity Form for Administering First Aid

DETAILS OF PUPIL

Surname: ………..…………….....……....……… Forenames: …………….……………..…....

CONSENT

I, the parent/guardian of the above named child, request and give permission for the Head Teacher, or person acting on his/her authority, to administer first aid as required.

I understand that neither the Head teacher, nor anyone acting on his/her authority, nor the Governing Body nor Suffolk County Council will be liable for any illness or injury to the child arising from the administering of first aid, unless caused by the negligence of the Head Teacher, the person acting on his/her authority, the Governing Body or Suffolk County Council, as the case may be.

Name: ………………………………………………………………………………………….

Relationship to pupil: ……………………………………………………………………………...

Signature: ……………………………………………………………………….……………