



Parental Consent and Indemnity Form for Administering Prescription Medicine in an Emergency

DETAILS OF PUPIL

Surname: Male/Female:

Forename(s): 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 Emergency:

CONTACT DETAILS

Name of Parent/Carer: Daytime 'Phone No:

Relationship to Pupil:

Address:

I, the parent/guardian of the above named child, request and give permission for the Headteacher, 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 Headteacher 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 Headteacher, the person acting on his/her authority, the Governing Body or Suffolk County Council, as the case may be.

Signed: Date:

Relationship to Pupil: