



# APPENDIX B

## Parental Consent and Indemnity Form For Administering Prescription Medicines in an Emergency

### Details of Pupil

Surname: ..... M / F .....

Forename(s):..... D.O.B .....

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:.....

### Contact Details

Name: ..... Tel 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 behalf 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.

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

Relationship to pupil: .....