



Clarendon Primary School - After School Club

PERMISSION FOR EMERGENCY/OPERATIVE TREATMENT

In an emergency, when a parent's attendance cannot be immediate, it is sometimes necessary to obtain treatment for a child from a doctor or a hospital casualty department. As delay in these circumstances is highly undesirable, we ask that you give your consent, below, for school staff to act on your behalf and in the best interests of your child until you arrive.

In the event of sudden illness or accident affecting my child, if recommended by a doctor, I agree to emergency treatment, including the giving of any medication, any operative treatment and/or administration of a general anaesthetic to my child.

Parent / Carers signature:

Date:

Print name:

Address:

Postcode:

Details of any known allergies:

Details of any known allergies to any type of medication:

MEDICATION CONSENT FORM

We only administer lifesaving medication such as Asthma inhalers and/or auto injectors (epi pens) however, it is your responsibility to ensure these are given to a member of the After School Club staff and that they are in date and in correct working order.

I give permission for Clarendon Primary School's After School Club staff to administer the prescribed medication/s, as stated below, to my child when necessary.

Name of child:

Diagnosis / condition:

Description of symptoms requiring medication:

Name of prescribed drug:

Dosage:

How is it to be administered?

If there are other medications that may be required, please list them on a separate piece of paper, using the same headings identified here, and sign and date after each one. (**N.B** - The declaration completed below will cover staff administering all medications shared.)

Declaration:

I, (*print parent name*) give my consent for the above medication to be administered to (*child's name*) when required and will ensure that the medication is in date and in correct working order.

Signed Dated

In case of life saving medication, we may need to obtain a letter from your child's doctor stating their condition, details of treatment and medication. We may also have to send a copy to our insurer.