



St Mary's Church of England Academy, Stotfold

MANAGING MEDICINES IN SCHOOL

**PARENTAL AGREEMENT/INDEMNITY FOR SCHOOL
TO ADMINISTER GENERAL FIRST AID**

Name of Child _____ Date of Birth _____

Class _____

I agree for my child to be given basic First Aid.

My child DOES/DOES NOT have an allergy to plasters and I GIVE/DO NOT GIVE permission for a plaster to be applied to a cut or graze in school.

Details of any Medical Conditions/Allergies

Signature _____

(Parent/Guardian)

Date _____