



St Mary's Church of England Academy, Stotfold

**MANAGING MEDICINES ON SCHOOL TRIPS**

**PARENTAL AGREEMENT/INDEMNITY FOR SCHOOL TO ADMINISTER MEDICINE**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Details of Trip \_\_\_\_\_ Dates \_\_\_\_\_

In consideration of Miss Sam Bishop (Head Teacher), or the nominated trained member of staff of St Mary's Church of England Academy, Stotfold, agreeing to administer medicine to the above named child on my behalf during school hours, in accordance with the official instructions as supplied, I hereby undertake to bring the necessary medicine to the school in a named container and to hold harmless and indemnify the said Headteacher, or nominated persons and the Education Authority against any claim of any nature whatsoever arising from the administration of the medication to my child. I understand that I must deliver and collect the medicine personally to/from the school office.

Signature \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

**Medication 1**

Name of Medication	
Required Dose	
Time to be administered	
Condition being treated	

**Medication 2**

Name of Medication	
Required Dose	
Time to be administered	
Condition being treated	

**Medication 3**

Name of Medication	
Required Dose	
Time to be administered	
Condition being treated	