



PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

Your child will not be administered medicine unless you fully complete and sign this form.
This form must be returned together with medication in its original packaging showing your child's name.

Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine:

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions / instructions. Should medicine be stored in a fridge? Should it be sent home each day?	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
Prescription / Non-Prescription (state)	

HEADTEACHER: MRS N ALBURG
CHALFONT ST PETER CHURCH OF ENGLAND ACADEMY
PENN ROAD, CHALFONT ST PETER, BUCKINGHAMSHIRE, SL9 9SS
Tel: 01753 883982 Email: office@cspacademy.org.uk www.cspacademy.org.uk



The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy.

Signature: Date:

Prescribed Medication: I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Non-prescription medication: I confirm that I have administered this non-prescription medication, without adverse effect, to my child in the past. I will inform the school immediately, in writing, if my child subsequently is adversely affected by the above medication

If more than one medicine is required a separate form should be completed for each one.

Contact details:

Name	
Daytime telephone no.	
Relationship to child	
Address	

For School use only:

	Received	Returned
Date		
Signature		

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