



Chiddingly Primary School  
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 East Sussex  
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Medicine Parental Consent Form

To be completed by the parent/guardian of any child/young person to whom drugs may be administered under the supervision of school/setting staff. The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

If you need help to complete this form, please contact the school office or the Health Visitor attached to your doctor's surgery.

*Please complete in block letters*

Date for review if ongoing

Name of child

Date of birth

Class

Medical condition or illness


**Medicine**

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that we need to know about?

Self-administration – y/n

Procedures to take in an emergency


**NB: Medicines must be in the original container as dispensed by the pharmacy**

**Contact Details**

Name

Daytime telephone no.

Relationship to child




Address

I have delivered the medicine personally to... (please tick)	<table><tr><td>Carly Dann</td><td><input type="checkbox"/></td></tr><tr><td>Sarah Benkel</td><td><input type="checkbox"/></td></tr><tr><td>Kayleigh Vile</td><td><input type="checkbox"/></td></tr></table>	Carly Dann	<input type="checkbox"/>	Sarah Benkel	<input type="checkbox"/>	Kayleigh Vile	<input type="checkbox"/>
Carly Dann	<input type="checkbox"/>						
Sarah Benkel	<input type="checkbox"/>						
Kayleigh Vile	<input type="checkbox"/>						

**A separate form must be completed for each medicine.**

I accept that I must deliver the medicine personally to Carly Dann, Sarah Benkel or Kayleigh Vile. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school's staff administering medicine in accordance with their policy. 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.

I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with the drugs and medicines in properly labelled containers with the pharmacy dispense label.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Name \_\_\_\_\_

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_