



Clacton County High School

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Higher Expectations, Raising Aspirations, Transforming Lives

Parental agreement for school to administer medicine

Staff at Clacton County High School will not give your child medicine unless you complete and sign this form.

Name of child	
Date of birth	
Form Group	
Medical condition or illness	
Medicine	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs 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 understand that I must deliver the medicine personally to the school reception

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 – [‘Supporting students with medical conditions incorporating first aid and intimate care’](#)

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.

Signature(s) _____

Date _____