



## Parental agreement for Chalkwell Hall Infant School to administer medication

Chalkwell Hall Infant School will not give your child medication unless you complete and sign this form. This school has a policy that the staff can volunteer to administer medicine. (Medical Conditions Policy)

Name of School	<b>Chalkwell Hall Infant School</b>
Name of child	
Date of birth	
Class	
Medical condition or illness	
Name of person bringing medicine in to school	
Date medication was brought into school	
<b>Medicine</b>	
Name/type/form of medicine (as described on the container)	
Medication amount supplied	
Date dispensed (prescription only medication)	
Expiry date	
Consent given to use school epipen in emergency circumstances	Yes – No – N/A
Agreed review date to be initiated by	<b>School</b>
Dosage and method regime	
Has a dose already been given today? If so, what time was this? (Please be aware you will need to notify the school of each dose given at home prior to the start of the school day. Without this information, the school will be unable to administer your child's medication).	
Times medication to be administered	
Dates medicine is to be taken	
Does medication need to be taken at After School Club? <i>If so, please state the dosage amount and time medication is to be administered.</i>	
Are there any side effects that the school needs to know about?	
Is your child on any other medication? If so, please state what medication	
Self-administration	Yes/No (please circle)
Procedures to take in an emergency	

### Contact Details

Name	
Daytime telephone no	
Relationship to child	
Address	

**I understand that I must personally deliver the medicine to the Infant School Office.**

**I understand that this is a service that the school is not obliged to undertake.**

**I understand that I must notify the school of any changes in writing.**

**I understand that I must collect all medicine when it expires and/or at the end of the school day/year.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_