



HAWRIDGE & CHOLESBURY CHURCH OF ENGLAND SCHOOL

Clinic/Hospital Contact

Name of Doctor/Consultant

Phone no.

GP

Name of GP

Name of Surgery

Phone no.

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

I **give/do not** give permission to the school to display my child's key health information in the medical room. (Please delete as necessary).

Signed (parent/carer):.....

Print name:

Date:



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Parental agreement for school to administer prescribed medicine

This form is to be completed for regular long-term prescribed medication such as an inhaler. If your child has a short-term condition such as an infection, and has been prescribed medication for it, there is a separate form that needs to be completed, which is available from the office.

The school will not give your child regular medicine unless you complete and sign this form. If more than one medicine is required, a separate form should be completed for each one.

Medicine will **only** be given to your child if it is prescribed by your doctor. A qualified member of staff who has undertaken the Administering Medicines course will give medicine to your child.

Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name of medicine <i>(as described on the container)</i>	
Date dispensed	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Supervised 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	

PTO



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The information given 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.

I understand that I must personally deliver the medication to the school office at the beginning of term.

I will collect the medicine from the school when the course is complete and/or at the end of each term to check that it is still in-date.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine no longer needs to be administered.

Signature.....

Print name.....

Date.....

For completion by the school

I agree to arrange for the administration of medicines requested by the parent.

Signature.....

Print name.....

Date.....