



Infant & Nursery School  
 School Lane, Chalfont St Giles, Bucks, HP8 4JJ.  
 Tel: 01494 872160  
 email: [infantoffice@csgvillageschool.org](mailto:infantoffice@csgvillageschool.org)

Junior School  
 Parsonage Rd, Chalfont St. Giles, Bucks, HP8 4JW  
 Tel: 01494 873090  
 email: [junioroffice@csgvillageschool.org](mailto:junioroffice@csgvillageschool.org)

## Chalfont St Giles Village School

Headteacher: Mr. A Haywood

Website: [www.csgvillageschool.org](http://www.csgvillageschool.org)

### Parental agreement for school to administer medicine

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

Annual Date for review if required		
Name of school/setting	Chalfont St Giles Junior School / Chalfont St Giles Infant School	
Name of child		
Date of birth	Class & Year:	
Medical condition or illness		
<b>Medicine</b>		
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		
Prescription/Non-Prescription (Delete as appropriate)	Prescription	Non-prescription
<b>Parent / Carer Contact Details</b>		
Name		
Daytime telephone no.		
Relationship to child		
Address		
I understand that I must deliver the medicine personally to the School Office <b>Note that all medicines must be in the original container as dispensed by the pharmacy</b>		

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.

**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** (for hayfever, eye infections or pain relief in specific cases only): 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.

Signature(s).....Date: .....