



Headteacher
Mrs Nicole Chapman, BA, MBA

Chelmsford County High School for Girls

A Grammar School with Academy Status

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Parental Agreement for One-off Medication

Name of Daughter:
Date of Birth:
Form:
Medical Condition:

Medicine
Name of Medicine:
Quantity:
Expiry Date:
Dosage:
Times (if required):
Known side effects?
NB Medicines should be in the original packaging

Emergency Contact Details
Name:
Telephone number:
Relationship to child:
Address:

I understand that the medication should be submitted to Mrs Dale in the Main Office for safe keeping at the School.
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Chelmsford County High School staff administering medicine in accordance with the School policy and these instructions. I will inform the School immediately in writing if there is any change in dosage or frequency of this medication or if this medicine should be stopped.
Signature:
Name:
Date:

