



Chelmsford County High School for Girls

A progressive grammar school community,
committed to excellence in girls' education and empowerment

Broomfield Road
Chelmsford
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Parental/Carer Consent for One Off Medications

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

Medicine
Name of Medicine:
Quantity:
Expiry Date:
Dosage:
Time/s required:
Known side effects?
Special precautions/other instructions
Self-administration - y/n
Procedures to take in an emergency
NB: Medicines should be in the original packaging with pharmacy label in place

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

I understand that the medication should be submitted to the Principal First Aider 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: