



Chiddingly Primary School  
 Muddles Green  
 Chiddingly  
 Lewes  
 East Sussex  
 BN8 6HN

Telephone: 01825 872307

Executive Headteacher: Mr James Procter

Email: head@chiddingly.e-sussex.sch.uk

Email: office@chiddingly.e-sussex.sch.uk

Parental/Guardian's authority to administer drugs/medicines,  
 under supervision of School Staff. Please complete and sign for each Child/ren for each  
 prescribed drug to be administered.

Name of Child: ..... Class: .....

Date of Birth: ..... Address: .....

.....P/C.....

Medical Diagnosis/Condition/Illness: .....

Doctor's Name: ..... Doctor's Phone Number:.....

The Doctor has prescribed (as follows) for my Child:-

Name of Drug/Medicine: .....

Administration Frequency: ..... before/after food

Dosage to be administered: .....

Other Instruction//Information: .....

I accept that I must deliver drugs/medicines personally to the Head, Bursar or Teacher.  
 The above information is, to the best of my knowledge, accurate at the time of writing and giving  
 consent for the school administering drugs/medicine in accordance with their policy. I will inform  
 the school, in writing, if there is any changes in dosage, frequency or if the drug/medicine is it is  
 to discontinue. I understand that it may be necessary for the treatment to be carried out during  
 educational visits or out of school activities, as well as on school premises. I accept that  
 drugs/medicines will be supplied properly labelled and appropriate containers.

I accept the whilst my child is in the care of the school, the school staff stand in the position of  
 the parent and staff may therefore, need to arrange medical aid, considered necessary in an  
 emergency, but will advise me/guardian as soon as possible. I have read, understood and agree to  
 the School's Administration of Medicines policy.

.....  
 Signed Parent/Guardian (please Print) Dated