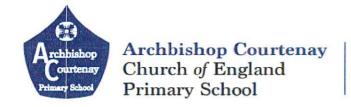


## **MEDICATION FORM**

The school will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF	PUPIL:		
Surname		Forenames	
Date of birth		Class	
Address		Condition/ illness	
DETAILS OF	MEDICATION:		
Name of medication			
For how long	will your child		
take this med	dication		
Date dispensed			
Dosage and method			
Timing			
Self-administer (please tick one box)		Yes □ No	<b>□</b>
Procedures to take in case of emergency			
CONTACT DI	ETAILS:		
Name			
Telephone n	umber		
Signed	-		
Date			

You may withdraw your consent at any time by informing the school in writing



Tovil Maidstone Kent ME15 6QN

office@archbishopcourtenay.kent.sch.uk www.archbishopcourtenay.org.uk

Headteacher: Mrs S Heather Chair of Governors: Mrs R Linn

## **Dear Parents**

Quite often we like to take the children on visits within the immediate vicinity of the school e.g. Church, Mote Park, Museum, etc. Please complete the permission slip below and indicate if there are any particular medical needs regarding your child which may relate to trips out e.g. use of an inhaler. Separate school trips will have a permission slip in the usual way.

Mrs Sue Heather

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I give my permission for my child to take part in visits to	t <del>-</del>			
The Church				
The Museum				
Local Parks (Mote Park/South Park/Stampers Park etc.				
Library				
Should the necessity arise I give consent for my child to understand that this may include anaesthetic and/or blo				
Child's Name	Date			
Signed	Parent/Guardian			
Medical Needs				
Also to comply with the school's Health and Safety respondenties on for your child to use the play equipment. Cabe worn in school and anyone wearing it or improper for equipment. Please sign the permission slip below and respondenties.	n I also remind you that jewellery is not to otwear will not be allowed to use the			
Please note: If we do not receive a signed slip your child will be unable to use the equipment.				
Mrs Sue Heather				
Headteacher				
I give permission for my childduring school hours. I understand that they will be expewill not be allowed to continue using the equipment.				
Signed	Parent/Guardian			
Date				

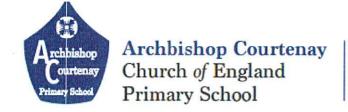


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Eccleston Road Tovil Maidstone Kent ME15 6QN C 01622 754666
S office@archbishopcourtenay.kent.sch.uk
⊕ www.archbishopcourtenay.org.uk

Headteacher: Mrs S Heather Chair of Governors: Mrs R Linn

CHILD'S NAME (Please print)	
DATE	

## Dear Parent/Carer

We would like your consent to take photographs of your child and use them in the ways described above. If you're not happy for us to do this, that's no problem – we will accommodate your preferences.

Please tick the relevant box(es) below and return this form to school.

I am happy for photographs to be used on Facebook and the school website	
I am happy for my child to take part in Zoom Collective Worship	
I am happy for photographs of my child to be used in the school prospectus	
I am happy for photographs of my child to be used on internal displays	
I am happy for photographs of my child to be used in local and national press	
I am happy for the school photographer to take an individual photograph of my child	
I am happy for my child to be included in a class group photograph	
I DO NOT WISH THE SCHOOL TO TAKE ANY PHOTOGRAPHS OF MY CHILD	

If you change your mind at any time, you can opt out by advising the school in writing.

If you have any further questions, please contact the office.

## Why are we asking for your consent?

You may be aware that the new data protection rules so to ensure we are meeting them we need to seek your consent to take and use photographs of your child. We really value using photos of pupils, to be able to showcase our school.

PARENT/CARER'S SIGNATURE	
DATE	







