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 medication	
Date dispensed	
Dosage and method	
Timing	
Self-administer (please tick one box)	**Yes ☐ No ☐**
Procedures to take in case of emergency	

CONTACT DETAILS:

Name	
Telephone number	
Signed	
Date	

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

Archbishop Courtenay
Church *of* England
Primary School

Eccleston Road
Tovil
Maidstone
Kent
ME15 6QN

01622 754666
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

Headteacher

I give my permission for my child to take part in visits to:-

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 receive any urgent medical treatment and understand that this may include anaesthetic and/or blood transfusion.

Child's Name ..... Date .....

Signed .....Parent/Guardian

Medical Needs .....

Also to comply with the school's Health and Safety responsibilities we ask that you give written permission for your child to use the play equipment. Can I also remind you that jewellery is not to be worn in school and anyone wearing it or improper footwear will not be allowed to use the equipment. Please sign the permission slip below and return it to school.

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 child .....to use the play equipment during school hours. I understand that they will be expected to abide by the rules of use, if not, they will not be allowed to continue using the equipment.

Signed .....Parent/Guardian

Date .....

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

AQUILA Diocese of Canterbury Academies Trust

Platinum Literacy Mark 2018

Green Travel Mark 2020 Platinum

Healthy School

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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	