

Administration of Medicines & Treatment Consent Form

Name of School	Marchwood Junior School
Name of Child	
Address of Child	

Parents' Home Telephone number	
Parents' Mobile Telephone number	

Name of GP	
GP's Telephone number	

Please tick the appropriate box

My child will be responsible for the self-administration of medicines as directed below	
I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of emergency, as staff may consider necessary	
I recognise that school are not medically trained	

Name of medicine	How many days to be given?	Required dose	Time(s) required	Time/date of last dose	Medicine Expiry Date

Has the child received any medication before attending school?	Yes/No	If yes, what time was this given?	
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Special instructions	
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Allergies	
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Other prescribed medicines	
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Signature of parent or carer	
Date of signature	

*Please note that Medicines can only be kept for a maximum of 1 working week. This excludes creams.