

Administration of medicines/treatment consent form

School name	MENGHAM JUNIOR SCHOOL
Child's name	
Address of child	
Parents' home telephone number	
Parents' work telephone number	
Parents' mobile telephone number	
Name of GP	
GP telephone number	

Please tick the appropriate box

<input type="checkbox"/>	My child will be responsible for the self administration of medicines as directed below.
<input type="checkbox"/>	I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of an emergency, as staff may consider necessary.
<input type="checkbox"/>	I recognise that school staff are not medically qualified.
Signed (parent)	
Date	

Name of medicine	Dose	Frequency	Completion date of course (if known)	Expiry date of medicine
Special instructions				
Allergies				
Other prescribed medicines				