Administration of Medicines & Treatment Consent Form

Name of School	
Name of Child	
Address of Child	
Parents' Home Telephone No.	
Parents' Mobile Telephone No.	

Name of GP	
GP's Telephone No.	

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 staff are not medically trained, are under no obligation to administer medication, and I do not hold them responsible if the medication is not administered at all or incorrectly.	
I give permission for the school emergency Salbutamol inhaler to be administered.	
Signature of parent or carer	
Date of signature	

Name of Medicine	Required Dose	Frequency	Course Finish	Medicine Expiry

Special Instructions

Allergies

Other Prescribed Medicines