

Stanmore Primary School

Administration of Medicines and Treatment Consent Form

Name of Child	Photograph
Child's Class	
Date of Birth	
Address of Child	
Parent/Carer Emergency Contact Number	
Name of GP	
G P's phone number	

Please tick the appropriate boxes

My child will be responsible for 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	
I understand it may not be possible for medicine to be administered to my child, and in these circumstances I will be informed at the end of the day	

Signature of Parent/Carer	
Date of Signature	

Name of Medicine	Required Dose	Frequency	Course Finish Date	Medicine Expiry Date

Special Instructions	Additional Information
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