

Administration of Medicines & Treatment Consent Form

Name of School	TALAVERA INFANT SCHOOL		
Name of Child		Class	
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 and can not held liable	

Signature of parent or carer	
Date of signature	

Name of Medicine	Required Dose	To be taken 11am	Number of days medicine to be taken in school	Medicine Expiry
		11.30am		
		11.30am		
		11.30am		
		11.30am		

Special Instructions	
-----------------------------	--

Allergies	
------------------	--

Other Prescribed Medicines	
-----------------------------------	--