



Administration of Medicines & Treatment Consent Form

Child's Name:	Class:	Date:
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Note: We are unable to administer Ibuprofen unless prescribed by a doctor.

Name of Medicine(s): Required Dose: 5ml 7.5ml 10ml

PLEASE NOTE: MEDICINE CAN ONLY BE ADMINISTERED AT 11AM DAILY.
If your child requires medicine at any other time, you are welcome to come into school to administer it yourself.

Reason:

<input type="checkbox"/> All Week (or select days)	<input type="checkbox"/> Mon Staff Initials	<input type="checkbox"/> Tue Staff Initials	<input type="checkbox"/> Weds Staff Initials	<input type="checkbox"/> Thurs Staff Initials	<input type="checkbox"/> Fri Staff Initials
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Please tick the appropriate box

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

Signature of Parent / Carer

Emergency Contact No.

This form is valid until the course of medication is completed.

POLITE NOTICE

The school is under no obligation to administer medicine to children and this service is offered as a goodwill gesture. Whilst every effort will be made to administer the medicine at the appropriate time, no guarantee can be given.