

Administration of Medicines & Treatment Consent Form

Name of School	Mill Rythe Junior School
Name of Child	
Class	

Please tick the appropriate box

My child will be responsible for the self-administration of medicines as directed below	Y/N
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.	Y/N
I understand that whilst the school will make every effort to ensure my child is given medicines, it cannot guarantee that medications will be given at an exact time. If the medicine or the timing of the administration are critical to your child's health, you are advised to either phone the school to double check that it has been administered or come in to school.	Y/N

Signature of parent or carer	
Date of signature	

Name of Medicine	Required Dose	Frequency	Course Finish	Medicine Expiry

Special Instructions	
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	Name	Signature	Date
Person overseeing administration of medicine			
Reminder/Alarm Set?			
CPOMS Entry Completed			
Shared with Office Team			

The administration of medicines detailed above will be recorded on the reverse of this form.

NB: The school will not administer aspirin, nor should children bring any medicine into school for self-medication.

