

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.	

Signature of parent or carer	
Date of signature	

Name of Medicine	Required Dose	Frequency	Course Finish	Medicine Expiry

Special Instructions	
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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.

