Tadpole Farm

CE Primary Academy

Administration of Medicines / Treatment - Consent Form

Please be advised that the administration of medicines is entirely voluntary of the part of school staff. We cannot be held responsible for missed doses. Please feel free to come into school at the appropriate time to administer the medicine yourself.

Signature of Parent / Guardian:_____ **Date:**

Child's Name:		Class:	
Parent / Guardian:			
Address:			
Contact Tel No:			
Name of Doctor:			

I hereby request that members of staff administer the following medicines prescribed for my child by his/her GP as directed below or in the case of emergency, as staff consider necessary. Please see not above.

Name of Medicine	Storage Instructions	Dose	Frequency /Times	Date of Completion of course (if known)
a)				
b)				

Day / Date:	Time	Administered by:	Time	Administered by: