

Administration of Medicines & Treatment Consent Form
 Please note we are only able to administer Prescribed medicine
 that is required 4 times per day

Name of School	St Thomas More's Catholic Primary School
Name of Child	
Address of Child	

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	<input type="checkbox"/>
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	<input type="checkbox"/>
I recognise that school staff are not medically trained	<input type="checkbox"/>

Signature of parent or carer	
Date of signature	

Name of Medicine	Required Dose	Frequency	Course Finish	Medicine Expiry

Special Instructions	
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Allergies	
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Other Prescribed Medicines	
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