



## Administration of Medicines & Treatment Consent Form

<b>Name of School</b>	KINGS' SCHOOL WINCHESTER
<b>Name of Child</b>	
<b>Address of Child</b>	

<b>Parents' Home Telephone No.</b>	
<b>Parents' Mobile Telephone No.</b>	

<b>Name of GP</b>	
<b>GP's Telephone No.</b>	

<b>My child will be responsible for the self-administration of medicines as directed below</b>	
<b>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</b>	
<b>I recognise that school staff are not medically trained</b>	

<b>Signature of parent or carer</b>	
<b>Date of signature</b>	

<b>Name of Medicine</b>	<b>Required Dose</b>	<b>Frequency</b>	<b>Course Finish</b>	<b>Medicine Expiry</b>

<b>Special Instructions</b>	
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<b>Allergies</b>	
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<b>Other Prescribed Medicines</b>	
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