



## Administration of Medicines & Treatment Consent Form

|                  |                          |
|------------------|--------------------------|
| Name of School   | KINGS' SCHOOL WINCHESTER |
| Name of Child    |                          |
| Address of Child |                          |

|                               |  |
|-------------------------------|--|
| Parents' Home Telephone No.   |  |
| Parents' Mobile Telephone No. |  |

|                    |  |
|--------------------|--|
| Name of GP         |  |
| GP's Telephone No. |  |

|  |  |
|--|--|
| My child will be responsible for the self-administration of medicines as directed below  |  |
| 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 |  |
|----------------------|--|

|           |  |
|-----------|--|
| Allergies |  |
|-----------|--|

|                            |  |
|----------------------------|--|
| Other Prescribed Medicines |  |
|----------------------------|--|