

**Administration of Medicines & Treatment Consent Form**

<b>Name of School</b>	<b>SWANMORE PRIMARY SCHOOL</b>
<b>Name of Child</b>	
<b>Date of Birth</b>	
<b>Class</b>	

Please tick the appropriate box

<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>	

Name of Medicine	Required Dose	Frequency	Timings	Course Finish

<b>Condition / Symptoms / Reason for Medication</b>	
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<b>Special Instructions (if any)</b>	
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<b>Allergies (if any)</b>	
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<b>Other Prescribed Medicines (if any)</b>	
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