Administration of Medicines & Treatment Consent Form
Hordle CE (VA) Primary School

Name of Child	
Child's Class	

Please tick the appropriate box:

I agree to members of staff administering medicines/providing treatment to my child as directed below. I recognise that school staff are not medically trained.	
I take responsibility for ensuring all medicines kept in school for my child are in date and understand that I am responsible for the collection of all medicine/s, once treatment is complete.	
I take responsibility for ensuring that school staff can administer prescription medication at midday each day for the duration of the course.	
Eye Drops/Ointments Only: I take responsibility for ensuring that any eye drops/ointments I provide will not exceed 28 days from the date of opening	Date of Opening

Details of Medication

Medication Name	Dispensed Date	Required Dose	Time of Last Dose	Time of Next Dose	Medicine Expiry	Please Tick to Confirm Which Days Medication is to be Administered
						W/C | Mon | Tues | Weds | Thurs | Fri W/C | Mon | Tues | Weds | Thurs | Fri
						W/C | Mon | Tues | Weds | Thurs | Fri
						W/C | Mon | Tues | Weds | Thurs | Fri

Please note, we will not administer Paracetamol/ or Ibuprofen beyond 3 consecutive days as per manufacturer's guidelines.

Special Instructions	

Signature of parent or carer ***I confirm that the contact details that the school has on file are correct***		**Dated**	

STAFF USE ONLY: Do the parent/guardian instructions agree with the dosage, administration and precautionary requirements as stated on the dispensing instructions label?	*Name:* *Date:* *Signed:*