Administration of Medicines & Treatment Consent Form

Name of School	**Maple Ridge 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	
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 to be administered at school	Time of day required	Required Dose	Frequency	Course Finish	Medicine Expiry

Other prescribed medicines administered at home	Side effects staff to be aware of

Special Instructions	

Allergies	

Administration of Non-Prescribed Medicines Consent Form

Name of School	**Maple Ridge School**
Name of Child	

Maple Ridge School keeps the medicines below in stock to administer to individual pupils as necessary.

We will administer the dose as outlined on the box of medicine.

We will always consult you by telephone before we administer any of these medicines.

These are the ONLY non-prescribed medications we will administer to pupils.

Please sign the appropriate box/es

STATEMENTS	Signature	Date Signed
I agree to members of staff administering non-prescribed medicines as indicated below.		
My child is not currently taking any medication which would interact with the medications below		
I will inform school if they begin any medication which would interact with the medicines below		
My child has taken the medicines indicated below and have not had an allergic reaction to it		
I recognise that school staff are not medically trained*		

Name of Medicine	Sign to consent	Known Allergic Reaction?	Interactions with any current medication?
Calpol			
Calpol 6+			
Piriton			