Administration of Medicines/Treatment
(Form of Consent) FORM D

Child's Name _____ Class_____

I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of an emergency, as staff consider necessary.

Signed_____ Parent/Guardian Date_____

Code	Name of medicine	Dosage	Times to be given	Date of last Dose
A				
B				
C				
D				

Any special instructions_____

Please note:
While staff will endeavour to follow the guidance you have given them, they cannot be held responsible for non-administration of temporary medicines e.g. antibiotics, calpol, hayfever medicines etc.

Parents are welcome to come into school to administer medicines if they wish.

Hook-with-Warsash | C. of E. Academy
Church Road, Warsash, Southampton, Hampshire SO31 9GF
Telephone: 01489 572393 | Fax: 01489 570316 | Email: admin@hookwithwarsash.co.uk | www.hookwithwarsash.co.uk

Headteacher: Mrs Sara Willoughby | Registered Company No. 8153776

Register of Administration

Code	Dosage	Date	Time	Initials

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