



Harnham Infant School

Administration of medicines/treatment form of consent – Strictly confidential

Child's Name			
Child's Class			
Date of Birth		Male or Female	
Address			
Parent/Carer home number			
Parent/Carer work number			
GP Practice including contact number			
Condition or illness			
Is the Medication?	Prescribed by a GP	Non prescribed	

I hereby request that members of the Harnham Infant School staff administer the following medicines as directed on this form. **I understand that I must deliver the medicine personally to the school in the original container as dispensed by the pharmacy including the pharmacy dosage instructions label.** I accept that this is a service which the school is not obliged to undertake. I will inform the school immediately in writing, if there is any change to the dosage or frequency of the medication or if the medicine is stopped.



Harnham Infant School

Name of Medicine	Dose	Frequency/ times	Date of completion of course (If known)
1.			
2.			
3.			
4.			
Special instructions/precautions/side effects:			
Child's allergies:			
Other prescribed medicines child takes at home:			

Signed:

Date:

Staff members will complete the Record of Prescribed and Non-prescribed medicines form each time they administer this medicine.