

NB: The school will not administer aspirin or medicines containing ibuprofen, nor should children bring these into school for self medication.

Administration of Medicines & Treatment Consent Form											
Name of School				Fair Oak Junior School							
Name of Child											
Address of Child											
Parents' Home Telephone No.											
Parents' Mobile Telephone No.											
Name of GP											
GP's Telephone No.											
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				Required Dose		Frequency		Course Finish		Medicine Expiry	
Special Instructions											
Date	Time	Amount	Initials	Date	Time	Amount	Initials	Date	Time	Amount	Initials
Date	Time	Amount	Initials	Date	Time	Amount	Initials	Date	Time	Amount	Initials
Date	Time	Amount	Initials	Date	Time	Amount	Initials	Date	Time	Amount	Initials
Date	Time	Amount	Initials	Date	Time	Amount	Initials	Date	Time	Amount	Initials

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