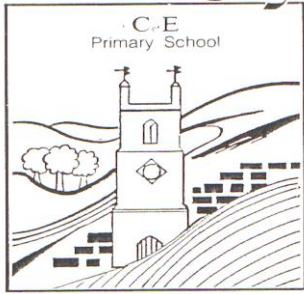


Blockley



Blockley C of E Primary School

(Blockley Educational Academy)
Tel/Fax: 01386 700567
Email: admin@blockleyschool.gloucs.sch.uk

Administration of Medicines and Treatment Consent Form

Child's Name

Class

Parents/Carers Telephone Number

Doctor
Name and Address

Telephone Number

Name of Medicine	Required Dose	Frequency	Course Finish	Medicine Expiry

Storage Instructions

Special Instructions and Possible Reactions

Other Prescribed Medicines taken at home

I agree to members of staff administering medicines/providing treatment to my child as directed above or in the case of emergency, as staff may consider necessary.
I recognise that school staff are not medically trained.

Signature of Parent/Carer.....

Print Name.....

Date.....

