

Grange Community Junior School

Administration of Medicines & Treatment Consent Form (Page 1 of 2)

Name of Child	
Address of Child	

Parents' Home Telephone No.	
Parents' Mobile Telephone No.	

Name of GP	
GP's Telephone No.	
Address of Surgery	

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/temperature checking and 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	
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Other Prescribed Medicines	
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Grange Community Junior School Medical Form (Page 2 of 2)

Childs name _____

Has your child had any of the following?

Asthma or bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart condition	Yes	No	Any other allergies e.g. material, food, animals	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness or disability	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Type 1 Diabetes	Yes	No	Regular medication	Yes	No

If the answer to any of these questions is **yes**, please give details:

Does this medical condition/health concern need to be managed during the school day? **Yes / No**

If yes, please give details

Does your child take medication during the school day? **Yes / No**

If yes, please give details

Does your child have a health care plan that should be followed in a medical emergency? **Yes / No**

If yes, please give details

Has your child received vaccination against tetanus in the last 10 years? **Yes / No**

In the event of any illness or medical treatment occurring after the return of this form, I will undertake to inform the school in writing.

Name _____

Signed _____

Date _____