HAYESWOOD FIRST SCHOOL

CONSENT FORM FOR ADMINISTRATION OF MEDICINE/TREATMENT

CHILD'S NAME: . ……

ADDRESS: ……

……

HOME TEL NO: …… PARENTS WORK TEL NO: …..……

The above child has been identified as having:

……..

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

SIGNED: …… DATED: ……
Parent/Guardian

NAME OF MEDICINE	DOSE	FREQUENCY/TIMES

SPECIAL INSTRUCTIONS:

……..
……..
……..
……..