



**OAKDALE JUNIOR SCHOOL
 CONSENT FORM FOR ADMINISTRATION OF MEDICINE/TREATMENT**

PUPIL'S DETAILS:

SurnameFirst Name (known as)

Address

Home Tel No Mobile No.

Daytime contact number (if different from above)

GP's name and address/tel no.

Consultant name and phone no. (if applicable).....

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 Relationship to pupil Date

MEDICATION:

Name of medicine/date dispensed	Dose/method – full details	Frequency/Times

For how long will your child take this medicine?

Special instructions:

Side effects (if known)

Procedures to take in an emergency
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