

Swanmore College - Administration of Medicines & Treatment Consent Form

Swanmore College will not administer medicine unless this form is completed and signed.

Date for review to be initiated by	
Name of child	
Date of birth	
Year/Tutor Group	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	Medicines must be in the original container as dispensed by the pharmacy	
Expiry date		
Dosage and method		
Timing		
Special precautions/other instructions		
Are there any side effects that we need to be aware of?		
Self-administration? (Please delete One)	YES	NO
Procedures to take in an emergency		

Contact Details

Name		
Daytime telephone no.		
Relationship to child	Signature 1	Signature 2
Address		

I understand that not all staff are medically trained. I must give the medicine personally to the College Welfare Assistant. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Swanmore College staff administering medicine in accordance with the College Policy. I will inform the Swanmore College immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature (Parent/Carer) _____ Name _____ Date _____

Signature (Parent/Carer) _____ Name _____ Date _____

Signature (Welfare Officer) _____ Name _____ Date _____