ST. FAITH'S

CHURCH OF ENGLAND PRIMARY SCHOOL

Administration of Medicines & Treatment Consent Form 2026

*****Children are not permitted to bring their own medication in to school or to collect from school - this is the responsibility of the parent/carer. Medicine must remain in the original bottle and packaging.*****

Details:

Name of Child:	
Date of Birth:	
Address:	
Parent/Carer Name:	
Parent/Carer Mobile:	
GP Surgery:	
GP Telephone:	

Please tick as appropriate:

My child will be responsible for the self-administration of medicines as directed below	
I agree to members of staff administering medicines/providing treatment to my child as directed below in the case of emergency, as staff may consider necessary	
I recognise that school staff are not medically trained	

Medicine:

Name	**Dose**	**Frequency**	**Duration**	**Expiry date of Medicine**

Other Information:

Special Instructions:	
Allergies:	
Other Prescribed Medicines:	
Signature of Parent/Carer:	
Date:	

Headteacher: Mr. Benjamin Bond **Senior Admin Officer: Miss Jessica James**

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Hampshire County Council

MUSIC MARK SCHOOL MEMBER

SCHOOL GAMES GOLD 2024/25

Ofsted Good Provider

Record of Prescribed Medicines Given to a Child in School

Name of Child:	
Date of Birth:	
Class:	

No	Date	Time	Medicine	Dose	Signature