The Westgate School Winchester

Administration of Medicines & Treatment Consent Form

Name of School	The Westgate		
Name of Child		Child's Year Group	
Address of Child			
Parents' Home Telephone Number		Parents' Mobile Telephone Number	
Name of GP		GP's Telephone Number	

Please complete all fields in clear print

Name of medicine	Required Dose	Dosage time of day	Course commence date	Course finish date	Medicine expiry date*

Please tick the appropriate box

I recognise that school colleagues are not medically trained and agree that my child stores their medication in either the Upper School or Lower School Medical Rooms but will be responsible for the self-administration of medicines as directed below.	
I recognise that school colleagues are not medically trained and agree to members of staff administering medicines/providing treatment to my child as directed below or, in the case of emergency, as staff may consider necessary	

Signature of Parent	
Name of Parent	
Date of signature	

Special Instructions and/or Other Prescribed Medicines

Allergies

**Unused medicines beyond their expiry date will be returned to parents by post, for disposal*.