GILLINGHAM PRIMARY SCHOOL

Safeguarding

Everyone at Gillingham Primary School is committed to ensuring the safeguarding of all children and adults. Our Safeguarding Policy and information regarding Child Protection Procedures is available on our website or from the school office.

CONSENT FORM FOR ADMINISTRATION OF MEDICINE/TREATMENT

Child's Name ……………………….……………………Class…………………………

Name of consultant and hospital tel. no if applicable ……..……………….……………

………………………………………………..………………………….……………..

Name of Medicine | Expiry Date | Dose | Frequency/Time

Special Instructions………………………………………………………………………

Reason for Medication ……..……………………………………………………………

I agree to members of staff administering medicines/providing treatment to my child as directed above or in case of an emergency, as staff consider necessary. I appreciate that members of staff may not have first aid or medical training.

Signed …………………………………………………….….. Date ……………………..
Parent/Guardian

Date	Time	Dose	Who by	Date	Time	Dose	Who by