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| **Administration of Medicines and**  **Treatment Consent Form** |

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| **Name of Student:** |  |
| **Tutor Group:** |  |

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| **Parents’ Home Telephone No:** |  |
| **Parents’ Mobile Telephone No:** |  |

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| * **I 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** |
| * **I recognise that school staff are not medically trained** |

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| **Signature of parent or carer:** |  |
| **Date of signature:** |  |

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| **Name of Medicine** | **Required Dose** | **Frequency** | **Course Start** | **Course Finish** |
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| **Special Instructions** |  | | | |

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| **Name of Medicine** | **Required Dose** | **Frequency** | **Course Start** | **Course Finish** |
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| **Special Instructions** |  | | | |

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| **Name of Medicine** | **Required Dose** | **Frequency** | **Course Start** | **Course Finish** |
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| **Special Instructions** |  | | | |

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| **Name of Medicine** | **Required Dose** | **Frequency** | **Course Start** | **Course Finish** |
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| **Special Instructions** |  | | | |

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| **Medicine Administered** | **Dose** | **Date** | **Time** | **Staff Signature** | **Staff Signature** |
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