



# Collis Primary School

## Consent Form and Child Medication Request

Child's Name:		Child's Class	
Parent's surname if different:		Home phone number	
Home Address:			
Emergency contact names and telephone numbers:	1.	2.	3.
Doctor's Name:			
Doctor's address and phone number			
Nature of condition or illness			

I agree to members of staff administering medicines that have been supplied or providing treatment or care to my child as directed below	Print Name Parent/legal guardian with parental responsibility
I agree to update information about my child's medical needs, held by the school, on a regular basis.	Sign:
I will ensure that the medicine held by the school has not exceeded its expiry date.	Date:
Procedures to be taken in an emergency:	

Name of medicine	Dose & instrument for administering dose, Eg. Volumatic, EpiPen/AnaPen	Frequency/ Times	Completion date of course of medicines if known	Expiry date of medicine

Special instructions/timing and dosages of medicines already taken at home/allergies	
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