Together we can!

BEECHWOOD JUNIOR SCHOOL

Juniper Road
SOUTHAMPTON SO18 4EG
(023) 8022 7692

info@beechwoodjuniorschool.co.uk

CONSENT FORM FOR TREATMENTS/MEDICINES

CHILD'S NAME: _____CLASS: _____

Please tick the appropriate box:
My child will be responsible for the administration of his/her medicines as below: ☐
I agree to a member of staff administering medicines for my child as detailed below: ☐

Signed: _____Date: _____
Relationship to Pupil _____
I understand and accept this is not a service that the school is obliged to provide.

Medication	Dosage	Frequency/Times	Completion Date of Course	Expiry Date of Medicines
Special Instructions:				
Allergies:				
Other Prescribed Medicines for Child:				
Side Effects:				
Procedure to be taken in an emergency:				