

Consent Form

Please complete this medical form and return to any member of the Verandah team or post to our Registered Office at 55 Le Bordage, St Peter Port, Guernsey GY1 1BP.

Full name of child	
Gender	Date of Birth
Home address	
Postcode	Home Tel.
Work No.	Mobile No.
Name of Family Doctor	
Practice Name	
Practice Tel.	
Nature or condition of illness	
I agree to members of staff administering medicines that have been supplied /or providing treatment or care to my child as directed as follows. I agree to update information about my child's medical needs, held by Verandah, as appropriate. I will ensure that the medicine held by Verandah has not exceeded its expiry date.	
Signature:	
Date:	
Name of Parent/Guardian:	

1. Name of medicine
Dose and instrument for administering dose (volumatic, epipen)
Frequency/times
Special instructions
Completion date of course of medicine
Expiry date of medicine

2. Name of medicine
Dose and instrument for administering dose (volumatic, epipen)
Frequency/times
Special instructions
Completion date of course of medicine
Expiry date of medicine

Note: To administer some prescription medicines staff will require instruction from a health care professional, in such cases it is the parents responsibility to arrange the instruction - such medicines will not be administered until sufficient instruction has been provided.