

MEDICINE CONSENT FORM

To: The Headteacher – East Hunsbury Primary School

I request that school staff administer the following medication to:

.....
(child's full name) (Child's Class)

Medicine to be given:

Dosage:

Time:

Any other relevant information:

I will notify the school immediately of any changes to these instructions.

Staff will endeavour to administer medication as prescribed, but cannot accept responsibility if this does not happen.

Signed: Parent / Guardian

Date:

MEDICATION ADMINISTERED

DATE: TIME: GIVEN BY:

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