

Permission to Give/ Consent

Childs Name:	DOB:	Class:
Allergies:		
Medication: Dose, strength, route, frequency and expiry date		
Name:	If this is not a regular medication and is to be administered as and when prescribed, please explain	
Strength of Medication:	what this medication is for and when you would like	
•	school to administer this to your child	
Dose & Time to be given:		
Route:	340-440-50546-00-400-251340-023-240-024-1911-46-31-46-023-20-0	***************************************
Freelings	***************************************	***************************************
Expires: Medication: Dose, strength, route, frequency and expiry date		
Name: If this is not a regular medication and is to be		
ivaine.	administered as and when prescribed, please explain	
Strength of Medication	hat this medication is for and when you would like	
Dose & Time to be given: school to administer this to your child		
Route:	441.1707304114114444444444444444444444444444	1905 201 401 401 504 110 441 11
Expires:	210200000000000000000000000000000000000	
Medication: Dose, strength, route, frequency and expiry date		
Name:	If this is not a regular medica	tion and is to be
Strength of Medication:	administered as and when prescribed, please explain	
Strength of Affection.	what this medication is for and when you would like	
Dose & Time to be given:	school to administer this to your child	
Route:	4512447111111111111111111111111111111111	454442222444
Are the above medications controlled drugs?	Yes No	
If so, has the administration of this been agreed with school? Yes No		
The Information above is to the best of my knowledge, accurate at the time of writing and I give my consent for education staff		
to administer the medication in accordance with schools' policies. I will inform school immediately in writing if there is any change in dosage or frequency of a medication and if a medication is stopped.		
If an as and when required medication is administered at home before the school day, I understand it is my responsibility to		
notify staff of the time it was given.		
Parent Signature:	Date:	
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