**Permission to Give/ Consent**

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| **Childs Name:** | **DOB:** | **Class:** |
| **Allergies:** | | |  |
|  | | |
| **Medication: Dose, route, frequency and expiry date** | | |
| **Name:**  **Dose:**  **Route:**  **Expires:** | | |
| **Medication: Dose, route, frequency and expiry date** | | |
| **Name:**  **Dose:**  **Route:**  **Expires:** | | |
| **Medication: Dose, route, frequency and expiry date** | | |
| **Name:**  **Dose:**  **Route:**  **Expires:** | | |

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 Paracetamol 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**