

Permission to Give/ Consent

<u>Childs Name:</u>	<u>DOB:</u>	<u>Class:</u>
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<u>Allergies:</u>

<u>Medication: Dose, route, frequency and expiry date</u>
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Name:
Dose:
Route:
Expires:

<u>Medication: Dose, route, frequency and expiry date</u>
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Name:
Dose:
Route:
Expires:

<u>Medication: Dose, route, frequency and expiry date</u>
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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: _____