

Cannon Lane Primary School

Parental Consent To Administration Of Medication

In School

Please write instructions clearly.

Name of Medication	Dosage	When to give

Note: Medicines must be in the original container as dispensed by the pharmacy

I..... (print name) consent to administration of the above named medicine to:

Name of child:.....

Date:.....

Class:.....

Signed:.....

Contact number:.....

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