Medical Consent Form

Important: School staff are not required to undertake this duty



Child's Name:		Date:	Year
Name of Parent/guardian a	nd emergency to	lenhone numb	<u> </u>
Traine or Farcine, gadicalan a	a cincigency te	sicpitolic Italiis	CI.
Medication:		Storage requi	rements:
Dosage:		Use before da	te
Any special guidance / freq	uency/storage	<u> 1</u>	-
Consequences if medication	or treatment m	issed / action :	equired
	a was considered and a second of the	ibbed / deloii i	- den -
PARENT / GUARDIAN CONS	ENT. Pleas	e read and sign	
This task is being undertaken cern. We will make every eff quired. The member of staff may decline to accept responsyou will be informed immediat	ort to administer t responsible can n sibility once they h	his medication o nake no absolute	on time and as re- e quarantees, and
Signature:			Date:
STAFF MEMBER. DO YOU U YES/NO	NDERSTAND EXA	CTLY WHAT IS	REQUIRED?
Signature:		Date:	
	ADMINISTERING		
PLEASE CUI	MPLETE THE REC	JKU UVEKLEAH	

DATE	TIME	SIGNATURE
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		No. amount
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