

# HAGLEY PRIMARY SCHOOL KINDERGARTEN



## Consent for Medication

Child's name .....

Address .....

..... Post code .....

Date of Birth .....

Doctor ..... was consulted/seen regarding the

above named child on (date) .....

due to (symptoms) .....

.....

The following medication was prescribed:

(Name) .....

(Dosage) .....

I give my consent for (staff name/s) .....

to administer the medication from (date) .....

I understand each dose given will be recorded and I will be asked to sign each entry.

Signed ..... Date .....

Print name .....

Relationship to child .....

An original signed version of this form must be handed to a member of staff. Please do not email