

Cardinal Langley RC High School
Medication & Consent Form
 (Record of Medication Administered in School)

Date..... Medicine Expiry Date.....

Child's Name..... Form.....

Name of Medication..... Dosage.....

When to be given and for what period of time (e.g. Every lunchtime for four days)

.....

Any other instructions.....

Parent/Carer's Name..... Tel no.....

I give my consent to school administering medication to my son/daughter as indicated above.

Parent/Carer's signature..... Print Name.....

For School Use Only

Date/Time	Date/Time	Date/Time	Date/Time	Date/Time
Dose	Dose	Dose	Dose	Dose
Given by	Given by	Given by	Given by	Given by
Student signature	Student signature	Student signature	Student signature	Student signature
Telephone consent YES NO	Telephone consent YES NO	Telephone consent YES NO	Telephone consent YES NO	Telephone consent YES NO
Date/Time	Date/Time	Date/Time	Date/Time	Date/Time
Dose	Dose	Dose	Dose	Dose
Given by	Given by	Given by	Given by	Given by
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