



*Small enough for everyone to count*

<b>FORM OF CONSENT TO ADMINISTER PRESCRIBED MEDICINE</b>	
DATE :	
PUPILS NAME (IN FULL) :	
CLASS :	
I hereby request Mead Road Infant School to administer the medicine prescribed for my child by my doctor, as follows :	
NAME OF MEDICINE :	
STORAGE REQUIRED (I.E REFRIGERATE) :	
DOSAGE :	
TIME/S :	
NUMBER OF DAYS TO BE ADMINISTERED (OR UNTIL FURTHER NOTICE):	
Name of Parent:	
Signature of Parent/Guardian :	_____