

Moorlands Primary School - Medication Form Part 1 - Consent

	Part 1 - Consent		
Child's name		Class	
Teacher		Date	
Full Name of Medicine			
Dose (instructions)			
Time to be given		_	
Parent/Guardian: SIGN		_	
Parent/Guardian PRINT			
_			
Part	2 - Record of Administration		
Signature 1	Signature 2	Date	Time

Signature 1	Signature 2	Date	Time