

# The Gainsborough Parish Church CE Primary School

## Medicine Consent Form



Name of Child..... Class.....

I authorise a member of staff at school to administer the following medicine to my child:

(name of medicine).....

Dosage: .....

Time: .....

Signed.....  
(parent/carer)

Date.....

Date and time medicine administered	Initials of staff member administering medication