Grange Park School

CONSENT FOR SHORT TERM MEDICATION TO BE GIVEN IN SCHOOL

CHILD'S NAME: _____

REASON FOR MEDICATION: _____

START DATE: _____ END DATE:_____

MEDICATION	METHOD OF ADMINISTRATION	DOSE	TIME TO BE GIVEN

I,_____parent/guardian of_____ request that a member of school staff administer the above medicine according to the given instructions.

Signed: _____

Date: _____