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Medication Consent Form

Consent for Medication for: _____

Please give details of medication, dosage etc

Date Administered From: _____ To: _____

I consent to programme staff administering the above medicines to my child.

Signed: _____ Date: _____

STAFF						
Date	Time	Name of Med.	Dosage	Administered by	Checked by	Signature of Guardian

STAFF

[illegible]