



Learning for Life

# Haworth Primary School

Learning for life

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Headteacher:  
Mrs Janet Parkinson

## PARENTAL CONSENT FOR ADMINISTRATION OF MEDICATION

I (name of parent/carer) \_\_\_\_\_

give permission for my child \_\_\_\_\_

in class \_\_\_\_\_

to be given (dosage) \_\_\_\_\_

of (type of medication) \_\_\_\_\_

at (time to be given) \_\_\_\_\_

duration of medication \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_



