Medical consent form

I agree to the named staff at Queensway School giving my child _____ (name), the following medicine _____ (state name of medicine and dosage), at the following times _____.

All medicine should be in a clearly marked container, with the child's name and dosage on the container.

Date _____

Signed _____ (parent/guardian) _____ (staff member)

To be completed by the named staff members at Queensway

Date	Dosage given	Signed