



SECTION 1 – This section to be completed by parent/guardian

PARENT/GUARDIAN CONSENT

NAME OF CHILD _____

D.O.B _____

I request and give permission for trained school staff to administer to the above child the medication indicated below.

I confirm that these medications have been administered to my child before, with no adverse effect.

My child is known to have the following allergies - (please give details)

NAME OF PARENT _____

SIGNATURE _____ DATE _____

SECTION 2 – Details of Medication to be completed by parent/guardian

MEDICATION	STRENGTH	DOSE	ROUTE	TIME	Any Additional Information

Medication needed for:

SECTION 3 - To be completed by Red Kite Staff trained in medication administration.

Date Received	Signature
Date Discontinued	Signature