

Child's full name

Name of

Church Road, Maulden	
Bedfordshire, MK45 2AU	

01525 402 286

mauldenoffice@mauldenlower.com

Date

Age

www.mauldenlower.com

Medical Indemnity - Permission to administer medication

medication							
Dosage				Time of dosage			
Any special instructions (tak	e with food, t	ake an h	nour before	ood, etc)			
Notices							
 Medicines must be in child's name and disp Staff are not allowed If more than one med 	ensing instru to make any	ctions. changes	s to the pres	cribed dosa	age on parer	ntal instruct	ion
Medicine to be left at school Medicine to				to be taken home each day			
I hereby give my consent for a my child	n member of N	∕Iaulder	ı Lower Scho	ool staff to	administer [.]	the above m	edication to
Name				Relationship to child			
Signed				Date			
						1	
DATE							
TIME GIVEN							
INITIAL							