



## MEDICINES PERMISSION FORM

**Parent/Carer Name** \_\_\_\_\_

**Childs Name** \_\_\_\_\_

**Date** \_\_\_\_\_

I \_\_\_\_\_ hereby give permission for a staff member of K43 Training Centre to provide my child with the following medication and dosage.

**MEDICINE** \_\_\_\_\_

**DOSAGE** \_\_\_\_\_

This permission form is to start on \_\_\_\_\_

and finish on \_\_\_\_\_

**You must be prepared to provide the following:**

- Medication in a labelled press sealed bag
- All required information contained within this form
- Signature of parent or guardian

**Have you received a copy of the K43 Medication Policy?**

Please circle

YES

NO

**Do you agree that this is a legal permission statement?**

Please circle

YES

NO

**Signature** \_\_\_\_\_