Condover Hall - Medicine information

Further information and permission is required if Group Leaders will be holding and supervising your child’s medication. Please complete the form below

|  |  |  |
| --- | --- | --- |
| Name of Child | Name of medication | Dosage required |
|  |  |  |
| Times required |  |  |
| Additional info |  |  |

I/We give permission for the Group leaders to hold and supervise this medication

Signed ………………………………………………. Date……………………………………..