Medicine Permission Form

Child’s Name:…………………………………………….

I give permission for my Registered Childminder

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to give medication to my child

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# Medicine Provided

 ……………………………………………………………………………………

Dose to be Administered

 ……………………………………………………………………………………

Parent Signature ……………………………………………………..

Parent Name…………………………………………………………..

Date…………………………………………………………………….

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| --- | --- | --- | --- | --- | --- |
| Date | Time | Medicine | Dose | Childminders Signature | Parents Signature |
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