St John's CofE Academy - Pupil Medicine Consent Form for Viney Hill

To Whom It May Concern,

I give my consent that a member of staff at St John's CofE Academy administer Calpol or Calprofen during my child's attendance at Viney Hill.

Child's Name: ……

Parents Signature: …….

Date: ……**.....**

Date	Time	Dose	Signature 1	Signature 2