

**WHITEMOOR LAKES RESIDENTIAL VISIT MAY 2024**

**Medication Authorisation Form**

**Name of Child:** ……………..……………………….. **Class:** …………..

**Medicine Required:** ……………………………………………………………………………………………………

**Time to be given:** …………………………………………………………………………………………………..…..

**Further Information:** ………………………………………………………………………………………………...…

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**Name: …………………………. (parent/carer) Signed:** ……………………………………… **(parent/carer)**

**Date:** …..…………………

Logo

Description automatically generated with medium confidence

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