

## SHORT TERM MEDICATION FORM

I GIVE MY PERMISSION FOR BIRKBEES LTD TO ADMINISTER MY CHILD WITH THE FOLLOWING  
MEDICATION.

NAME		DATE OF BIRTH			
DATE					
NAME OF MEDICATION					
DATE PRECRIBED			EXPIRY DATE		
WHAT IS IT FOR				DOSAGE	
LAST TIME ADMINISTERED			TIMES TO ADMINISTER		
PARENTS NAME			PARENTS SIGNATURE		
STAFF SIGNATURE					
DAY	MON	TUE	WED	THU	FRI
DATE					
TIME GIVEN					
GIVEN BY					
WITNESSED BY					
PARENTS SIGNATURE (ON COLLECTION)					

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