Parental Consent/Permission To Administer Medication At School To Student:
Glen Eden Intermediate School, 23 Kaurilands Road, Titirangi, 09 817 0032 Ext 726

Student: _____ Room: _____

Date/Time:_____

Parents Name and Contact Number: _____

Medication and Reason Taken: _____
_____

Dosage and Time Administered: _____

Parents Signature: _____

Medication delivered to Health Centre: Yes

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Student: _____ Room: _____

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