



BROWN CLEE C.E PRIMARY SCHOOL

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nd September 2024

Medicine Form Y5/6 Residential - Arthog Activity Centre - 25th – 29th November 2024

Medical Consent for _____(Child's Name)

Name of medicine provided: _____

Description of required dosage (include amount and time) and any treatment required:

Signed: _____ (parent/carer)

Date: _____

