

ST MARY ABBOTS SCHOOL INDEMNITY FORM

Name of child Class

Medication

I hereby give the school permission to administer medication/cream to my child, according to the instructions below.

Instructions/Dosage:

❖

❖

❖

Number of days medication to be administered in school

1 2 3 4 5
(Please circle)

Possible Side Effects (if any)

❖

❖

Signed

Date