

**LACHES WOOD RESIDENTIAL VISIT FEBRUARY 2025**

**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:** …..…………………