



MEDICINES PERMISSION FORM

January 2015

CHILDS NAME _____

PARENT/CARER NAME _____

DATE _____

I _____ hereby give permission for a staff member of Manly Warringah Gymnastic club to provide my child with the following medication and dosage.

MEDICINE _____

DOSEAGE _____

This permission form is to start on _____ (date)

and finish on _____ (date)

You must be prepared to provide the following,

- Medication in a labelled press seal bag
- All required information contained within this form
- Signature of parent or guardian

Have you received a copy of the MWGC medication policy?

Please circle YES or NO

Do you agree that this is a legal permission statement?

Please circle YES or NO

Signature _____