



Standing Authorisation Form for Health Management Plan

Child's First Name: _____ Child's Surname: _____

I authorise a designated BRECC employee to administer medication to my child in order with the instructions detailed in my child's relevant Health Management Plan attached.

Parent/Guardian Name: _____ Date: ___/___/___

Signature: _____

Witness to Authorisation Name: _____

Signature: _____ Date: ___/___/___



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