



PERMISSION TO ADMINISTER MEDICATION FORM

Parents are respectfully asked to administer prescription or non prescription medication at home prior to the start of the school day, where possible. Upon parental/carer request, the school will administer medication upon completion of this form. Medicines must be in the original container as dispensed by the pharmacy or bought from the chemist. All medication must be clearly labelled and in date.

Date:	
Name of Child:	
Name and strength of medication:	
Expiry Date:	
Reason for Medication:	
Required dosage:	
Time of dosage:	
Number of school days required to take medication:	
Any other instructions:	

Name of parent	
Daytime telephone number	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature of parent	
Date signed.	

"Do everything in Love" 1Corinthians 16:14

