Parental permission for administration of medication (short-term)

Student's Details

Student's Name: ……

Date of Birth: …… /…… /…… Gender: M / F

Year Level: …… Class teacher: ……

Medication name: ……

Times of day medication to be taken, dosage required at each time (number of tablets, etc.) and any other instructions (e.g. with food, after meals, etc.)

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Please ask your child to hand their medication to a staff member, with this form, at the beginning of the school day. Your child's medication will be stored in a secure cabinet.

Parental Permission

I …… (parent/guardian name) give permission for school staff to administer the above medication to my child following the instructions that I have listed.

Signed: ……

Dated: …… /…… /……

Staff

Received by: …… (staff member name)

Signed: ……

Dated: …… /…… /……