



Permission form for medication to be administered to an individual child

(Short Term - less than 14 days)

Please complete the information below if your child requires medication to be administered during the school day.

Please note that only prescribed medication can be administered and it MUST be labelled by a doctor or pharmacist and be in the original container.

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Additional Notes: