



ADMINISTRATION OF MEDICATION PERMISSION FORM

In the interest of children's safety and well being, the school will only administer medication if it is in its original container with the dispensing label attached. The label should list the child as the prescribed person, the strength of the drug and the frequency it is to be given. This applies to all medications, regardless of whether they are non-prescription (such as anti-histamine, cough medicine etc.) or prescription medicines (such as antibiotics).

Child's full name: _____

Medical practitioner/pharmacist: _____

Date Prescribed: ____ / ____ / ____

Expiry date of medication: ____ / ____ / ____

Reason for medication: _____

Storage requirements: _____

Time and date of last dose given: _____

I request that the above medication be given in accordance with the instructions below. Please enter the date, dosage and time to be given in the table and list any detailed instructions in the space below, including means (topical layer, drops, tablets, mls, before or after food etc).

Instructions:

Parent's full name: _____

Date: ____ / ____ / ____

Signature: _____

Date	Dosage	Time to be given	Time actually given	Signature of staff administering	Signature of staff cross-checking	Comments