St Antony's
Roman Catholic School

Permission for school to hold, dispense and administer medication for student

Name of Student	
Form	
Date medicine provided by parent	
Quantity received	
Name and strength of medicine	
Expiry date	
Dose and frequency of medicine	

Parent Signature _____

Staff Signature _____

For school purposes only

Date	Time given	Dose given	Name of Staff	Staff initials