

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

| Name of Student | | | | |
|---------------------|-----------------|------------|---------------|----------------|
| Form | | | | |
| Date medicine prov | vided by parent | | | |
| Quantity received | | | | |
| Name and strength | of medicine | | | |
| Expiry date | | | | |
| Dose and frequenc | y of medicine | | | |
| | | l | | |
| Parent Signature | | | | |
| Staff Signature | | | | |
| For school purposes | only | | | |
| Date | Time given | Dose given | Name of Staff | Staff initials |
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