



PERMISSION TO ADMINISTER MEDICINE

Danegrove School is unable to give your child medicine unless it has been prescribed by a doctor and you complete and sign this form.

Date	
Child's Name	
Class	
Name of Medicine	
Expiry date	
How much to give (i.e. dose to be given)?	
Time/s to be given	
Reason for Medication/Illness	

Any other instructions

Note: medicines must be in their original container as dispensed by the pharmacy

CONSENT

I give permission for the school to administer medicine to my child as detailed above.
I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent's signature _____

Print name _____

Date _____

