

ADMINISTERING MEDICINE

PERMISSION TO DISPENSE FORM

In order for your child to receive prescribed medicines (eg. Antibiotics) whilst in school, you need to complete and sign the form below. This form needs to be completed, signed and dated on the day the medicine needs to be given. Please bring prescribed medicines only when your child attends school and take them home again when your child leaves (the only exception could be spare inhalers/epi-pens supplied by the parent/carer in case of emergency). All medicine must be clearly marked with the child's full name and prescribed dosage. **Staff cannot administer prescribed medicine without parents' written permission on the day the medicine is to be given.**

To be completed by the parent/carer for prescribed medicine:

FULL NAME OF CHILD:

CLASS:

NAME OF MEDICINE:

MEDICINE FOR
THE TREATMENT OF:

START DATE:

END DATE:

DAILY DOSAGE:

DOSAGE	TIME

SIGNED BY PARENT/CARER

DATE:

