Medicine at School

Parent Permission to Administer Medication

I authorize the staff member deemed responsible at Wattle Park Primary School to administer the following medication to my child ..........................................................
in grade..........................................

....................................................................................
The dosage and instructions are

....................................................................................

....................................................................................

Parents Please Note

The medication should be supplied with your child’s name on it in a suitable container.

Parents please note that staff are unable to administer non-prescription medication.

If you are unable to use this form then a handwritten form containing all the above information is also acceptable

Parents Signature:..............................................

Date Medicine given:

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<td>Staff Signature</td>
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