## **Medicine at School**

## **Parent Permission to Administer Medication**

I authoriz	e the staff	f member	deemed i	esponsibl	le at Watt	le Park Pi	nmary Sci	nool to	
administe	er the follo	owing me	dication to	o my <b>chil</b>	d				
in Year.									
The dosaş	ge and ins	structions	are:		• • • • • • • • • • • • • • • • • • • •	•••••			••••
Period of time needed for Medication to be administered:									
Parents Please Note									
The medication should be supplied with your child's name on it, and in its original container.									
Parents pl	lease note	that staff	are unab	le to admi	inister noi	n-prescrip	tion medi	cation, ur	nless
parental p	ermission	n is given	in writing	5.					
Parents/C	Guardian .	Name:							
Parents/C	Guardian	Signature					•••••		···
Date									
Time									
Amount									
Who									
Sign									