WATTLE PARK PRIMARY SCHOOL

Medicine at School

Parent/Carer Permission to Administer Medication

I authorize the First Aid staff member responsible at Wattle Park Primary School to administer the following:

Medication	……
Student's Name	……
Class	……
Dosage instructions:	……

……

Parents/Carers/Guardians please note:

- The medication must be supplied with your child's name on it, and in its original container.
- Staff are unable to administer non-prescription medication, unless parental permission is given in writing.

Parents/Carers/Guardians name	……
Parents/Carers/Guardians signature	……

Date										
Time										
Quantity										
Who administered										
Witness										
Signed										