

**SHORT TERM PERMISSION – MEDICATION**

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| --- | --- |
| **CHILD’S NAME:** | **GRADE:** |
| **MEDICATION:** |  |
| **Reason for Administering:** |  |
| **Dosage:** |  |
| **Dates to be given:** |  |
| **Times to be given:** |  |
| **Any Instructions:** |  |

I give permission for a designated member of staff to administer the above medication to my child.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

 Parent/Guardian

**School Office Use Only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Dosage** | **Time** | **Signature** | **Notes** |
|  |  |  : |  |  |
|  |  |  : |  |  |
|  |  |  : |  |  |
|  |  |  : |  |  |