Medication Form

I hereby authorise the Teacher in charge, to administer the following medication to my child. I have sent the medication in the original container displaying the instructions provided by the pharmacist.

STUDENT’S NAME: …………………………………………………………………………..
GRADE: ……………………..
MEDICATION: ………………………………………………………………………………
DOSAGE:………………………………………………………………………………………
DATES TO BE GIVEN MEDICATION: …………………………………………………..
TIMES TO GIVEN MEDICATION: ………………………………………………………
THIS MEDICATION REQUIRES REFRIGERATION YES ☐ NO ☐

SIGNED: ……………………………………………….. (Parent/guardian) DATE: …………………..

This section is to be completed by a Staff Member each time medicine is administered to a student.

<table>
<thead>
<tr>
<th>DATE</th>
<th>STUDENT NAME</th>
<th>DOSE</th>
<th>TIME</th>
<th>ADMINISTERED BY STAFF MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Signature)</td>
</tr>
</tbody>
</table>