



CONSENT FOR MEDICATION

Student Name: .....Grade: .....

**Please provide the following medication, dosage and time, etc until further notice.**

Medication:.....

Dosage:.....

Storage of Medication: .....

Time/s:.....

Date (from): .....

**I consent to school staff administering the above medications to my child.**

Signed: Parent A ..... Signed: Parent B .....

Date: .....

**Record of Medication administered**

Is in the original packaging? Y / N      Pharmacy label matches the info on this form Y / N

Date	Dosage Given	Time Administered	Administered by (name)

**Approved by: Principal/Assistant Principal .....**