

This form is to be completed and signed before any medication will be administered by school staff.

Parent's Name: _____

Contact Telephone Number: _____

I give permission for staff to administer medication according to the details above.

I understand that staff cannot fully guarantee that medication will be administered exactly as above, and that in this event staff cannot be held responsible for any adverse consequences.

Signed: _____

Date: _____

Office use

[illegible]