

Ferntree Gully North Primary School



Administration of Medication Permission Form:

Please note that in accordance with the Administration of Medication Policy, all medication to be administered to children must be delivered to the Classroom Teachers upon arrival to school, and will then be forwarded to the Central Office. All medication must be within the designated use by date and in the original container bearing the label.

I (parent/guardian) give permission to authorised personnel at Ferntree Gully North Primary School, to administer the following medication to my child:

Child's Name: Grade:

Name of Medication:

Date- To:..... From:.....

(If child is to be on medication for an extended period of time, this form can be filled out once in accordance with the dates listed above.)

Time to be taken:

Dosage:

Other information:

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Signature: Date:.....

(Parent/Guardian)