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| **Medication Administration****Permission Note**I, …………………………………………………………………….………. *(please print name)* give permission for St Brendan’s staff to administer medication as follows :To ***(Student’s name)***: …………………………………………………………………………………… Class/Year: …………….Name of medication: …………………………………………………………………………….…….Dosage: ….…………………………………………………………………………………………………….Expiry Date on medication: ………………………………………………………………………….Time medication to be given: ………………………………………………………………………Please tick: Before Food With food Anytime/As required Please specify dates medication is to be administered:……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..**Instructions for medication collection *(must be collected by an adult)*.**The medication will be collected: ……..………………………..…………... *(date)*.By: ………………………………………………………………………………………..……*(Please print).***Note: Please ensure all medication is clearly labelled with student’s name.**Signed: …………………………………………………………………….. Date: ……………………….. |  | **Medication Administration****Permission Note**I, …………………………………………………………………….………. *(please print name)* give permission for St Brendan’s staff to administer medication as follows :To ***(Student’s name)***: …………………………………………………………………………………… Class/Year: …………….Name of medication: …………………………………………………………………………….…….Dosage: ….…………………………………………………………………………………………………….Expiry Date on medication: ………………………………………………………………………….Time medication to be given: ………………………………………………………………………Please tick: Before Food With food Anytime/As required Please specify dates medication is to be administered:……………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..**Instructions for medication collection *(must be collected by an adult)*.**The medication will be collected: ……..………………………………..……... *(date)*.By: …………………………………………………………………………………………..……*(Please print).***Note: Please ensure all medication is clearly labelled with student’s name.**Signed: …………………………………………………………………….. Date: ……………………….. |

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