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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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