



**MEDICATION PERMISSION FORM**

I hereby give permission for staff at St Joseph's Primary School to administer the following medication to my child.

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

The medication will need to be given to my child from \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_ inclusive.

NAME OF MEDICATION	DOSAGE	TAKEN WITH FOOD	STORAGE INFORMATION	TIME/S TO BE ADMINISTERED
		Y / N (Please circle one)	Fridge  Shelf (Please circle one)	

I have obtained the relevant medical advice as required and am supplying the medication in its original container.

DATE: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



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