



## Medical Permission Form

**Child's name** \_\_\_\_\_

I request the staff of St Mary's Primary, Grafton administer the following medication to my child:

Name of medication \_\_\_\_\_

Dosage amount required \_\_\_\_\_

Time when medication is to be provided eg time of day: \_\_\_\_\_

The length of time medication will be required eg *provide the dates or write 'ongoing'*:

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ *Mother / Father* Date \_\_\_\_\_

Print Name \_\_\_\_\_

Parents and carers should be familiar with the *Catholic Schools Office Administering Medications Standard Operating Procedure*. Please ask staff for assistance.

Please Note: *Schools should not administer any non- prescription, alternative/ homeopathic drugs or supplements without the written advice from a medical practitioner detailing the dosage details, with 'as required' not being acceptable.*

Medication provided

☐

Expiry Date

☐

Medication returned

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