



ALBAN CITY SCHOOL

Permission to Administer Medicine in School

Child's Name					
Child's Class					
GP Diagnosis					
Symptoms					
Name of medication					
Expiry date of medication					
Dosage and timings					
Please circle the days medicine should be administered	Mon	Tue	Wed	Thurs	Fri
Will the medicine be collected at the end of the day?					
Any additional information?					
Office use: Staff member to date, initial and log time.					

Parent's Name.....

Parents Signature.....

Date.....