



ALBAN CITY SCHOOL

Permission to Administer Medicine in School

| | | | | | |
|--|------------|------------|------------|--------------|------------|
| Child's Name | | | | | |
| Class | | | | | |
| Medication to be given | | | | | |
| Expiry date of medication | | | | | |
| Any additional information or instructions | | | | | |
| Please circle days medicine will be required | Mon | Tue | Wed | Thurs | Fri |
| | | | | | |
| Member of staff administering to initial & log time given | | | | | |

Parents Signature.....

Date.....