



# Medication Permission Form

Please supply the medication to be administered when returning this form

St Mary MacKillop College

<b>Name of Student and Homeroom</b>	
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I hereby give permission for the staff at St Mary MacKillop College, at their discretion, to administer medication to the student mentioned above, as per the details below:

Name of Parent/Guardian	Parent/Guardian Signature	Date

	H:	W:	M:
Name of Emergency Contact	Contact Numbers		

Medical Condition	Medication	Dosage	Expiry

<b>Time to be Administered (Primary Only):</b>
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<b>Notes:</b>

## **Office Use Only:**

Date	Medication Administered	Dosage	Staff Initial	Parent Advised
				Yes/No
				Yes/No
				Yes/No
				Yes/No
				Yes/No
				Yes/No
				Yes/No
				Yes/No