



Mildura Specialist School No. 5251

# Medication Administration Form

## Permission to administer medication to your child:

Name of student: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time: \_\_\_\_\_

Route (e.g. orally or inhaled): \_\_\_\_\_

Storage: \_\_\_\_\_

Name of Parent/Guardian/Carer: \_\_\_\_\_

Address of Parent/Guardian/Carer: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian/Carer: \_\_\_\_\_

Date: \_\_\_\_\_

Name of staff member receiving medication: \_\_\_\_\_

Signature of staff member receiving medication: \_\_\_\_\_

Date: \_\_\_\_\_