

# St Anthony of Padua Catholic Primary School

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## Administration of Medication Request Form

**Date(s)**

**(Please write down all dates you would like medication to be administered to your child include all dates, not just the first day of the course) -:**

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**Child's Name:** .....

**Child's Class:** .....

**Medication to be administered:** .....

**Date on bottle/packet:** .....

**Medication to be kept in a fridge?**      YES                       NO

**Dose:** .....

**Time:** .....

I give permission for a named staff member to administer the above medicine to my child. I understand and accept that the staff member may not be able to do this at the exact requested time and that there is a possibility that due to their workload they may not be able to administer the dose at all.

**Signed:** ..... **Parent/Carer**

**Please Note:** Only medicine prescribed by a medical practitioner may be administered by staff and this must be handed into the office in its original packaging with the pharmacist's packing date showing. Medicine prescribed for previous ailments or other family members will not be accepted.