

Saint Norbert's School
Prescribed Medication Permission Form

Name of Child _____ Year _____

Name of Medication _____

Dose to be given _____ Date _____ Time _____

Does the medication need to be kept in the refrigerator Yes _____ No _____

I understand that the school will endeavour to give the child the medication at the set time but the school are not held responsible if there is a delay in your child being administered the medication. If there is a delay you will be informed when you collect the medicine and your child from school. Please ensure the medication is prescribed by a doctor and is clearly labelled with your child's name and dose.

Signed _____ Date _____

Print Name _____

If you need further information on the administration of medication in school please see the Medicines in School Policy.