

**PERMISSION TO ADMINISTER MEDICATION**

Squiggler Academy always has a First Aid Officer(s) on duty that is trained in HLTAID003 (Provide First Aid), in which the administration of medication is covered.

Child's Surname:		Given Names:	
Name of Medication:		Expiration Date:	
Dosage:		Refrigerate:	YES / NO
Dates to administer Medication:			
Time(s) to be administered:			
Special Instructions:			
Possible Reactions:			

Please double check your instructions and then confirm your consent below:

***I give permission for my child to be given the above medication as instructed above:***

<b>Parent / Guardian 1 Name:</b>	
Signature:	Date:

The administering First Aid Officer must complete the below chart upon following the above instructions.

	Monday	Tuesday	Wednesday	Thursday	Friday
Medication:					
Dosage					
Date:					
Time:					
First Aid Officer (sign):					