



PERMISSION TO ADMINISTER CHILD MEDICATION

I/We (Parent/s Name/s) _____

allow staff member of Loreto Nedlands to administer (Child's Name) _____

medication per the dosage required as stated in the details below:

MEDICAL INFORMATION

Medication:

The reason for Medication:

Dosage and frequency:

Possible side effects:

Details from the Medical Practitioner regarding circumstances of use:

Signature: _____

Date: _____