

**MEDICATION PERMISSION FORM**  
**Individual Medication record**

**Child's Name** \_\_\_\_\_

**Condition requiring medication and Name of Medication** \_\_\_\_\_

**Storage of Medication** \_\_\_\_\_

**Condition for administering medicine** \_\_\_\_\_

**Procedure to be followed:** The pre-measured dose will be administered to -  
\_\_\_\_\_ by the Teacher, \_\_\_\_\_ or the Assistant Teacher,  
\_\_\_\_\_ or their appointed substitute, if deemed to be needed. The First  
Aid Squad will be called. The parents, \_\_\_\_\_ will be notified  
immediately.

**Possible adverse reactions** \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date and time administered	Adverse reactions observed	Staff member's initials