

**TALLAROOK PRIMARY SCHOOL**  
**PERMISSION TO ADMINISTER MEDICATION**

**CHILDS NAME** .....

**ROOM** ..... **DATE** .....

**MEDICATION** .....

**DOSAGE** .....

**TIME** .....

**DURATION** .....

I ..... give Tallarook Primary School permission to administer the above medication to my child at said times.

I understand that the medication will be administered by a designated staff member at said times until I notify the school in writing.

**Signature:** ..... **Date:** .....

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**Office Use Only**

Medication Administered:

Date:..... Time:..... By:.....

Date:..... Time:..... By:.....

Date:..... Time:..... By:.....

Date:..... Time:..... By:.....

Date:..... Time:..... By:.....

Date:..... Time:..... By:.....