# SHORT TERM PERMISSION – MEDICATION

<table>
<thead>
<tr>
<th>CHILD’S NAME:</th>
<th>GRADE:</th>
</tr>
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<tbody>
<tr>
<td>MEDICATION:</td>
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<tr>
<td>Reason for Administering:</td>
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<tr>
<td>Dosage:</td>
<td></td>
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<tr>
<td>Dates to be given:</td>
<td></td>
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<tr>
<td>Times to be given:</td>
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I give permission for a designated member of staff to administer the above medication to my child.

Signed: __________________________ Contact No. __________________ Date: ____/____/_____  
Parent/Guardian

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**School Office Use Only**

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<thead>
<tr>
<th>Date</th>
<th>Dosage</th>
<th>Time</th>
<th>Signature</th>
<th>Notes</th>
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