



### Permission to administer short course of medication or treatment daily

**First names:** ..... **Surname:** .....

**Name of medication or description of treatment**

**Reason for treatment**

Last dose / time given ..... / ..... initial

Dose / time given ..... / ..... initial

Dose / time given ..... / ..... initial

AHS notes ..... / .....

Teacher signature ..... Date .....

Parent signature ..... Date .....

**Name of medication or description of treatment**

**Reason for treatment**

Last dose / time given ..... / ..... initial

Dose / time given ..... / ..... initial

Dose / time given ..... / ..... initial

AHS notes ..... / .....

Teacher signature ..... Date .....

Parent signature ..... Date .....

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AHS notes ..... / .....

Teacher signature ..... Date .....

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AHS notes ..... / .....

Teacher signature ..... Date .....

Parent signature ..... Date .....