St Augustine's RC High School
Administration of Medication in school

Name	**Form**
Medication (please give details of medication below)	
I ………………………………. give consent for the above pupil to be given the above medication. Should I wish this dosage to change I will contact school in writing with the new dosage.	
Dosage required:	
Signed	**Relationship to Pupil**

<u>Register of Medication Administered</u>

Date	Medication	Amount given	Amount left	Time	Administered by