



Monkfrith Medication Administration Form

Monkfrith will not give your child medicine unless you complete and sign this form.

Name of child:	
Date of birth:	
Group/class/form:	
Medical condition/illness:	
Medicine/s:	
Name/type of medicine (as described on the container):	
Date dispensed:	Expiry date:
Agreed review date:	
Review to be initiated by:	
Dosage, method and timing:	
Special precautions:	
Are there any side effects that the school needs to know about?	
Self-administration: Yes/No (delete as appropriate)	
I authorise the qualified first aider to administer the above medications and release him/her from all liability for any consequent adverse effects, reactions and unforeseen circumstances arising from any cause whatsoever.	
Signed Date	

