

Knighton Normal School

Knighton Road, Hamilton
Phone (07) 856 5399
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(07) 856 5393



Principal : Jeff Freeman
B.Ed., M.A., Dip. T.

Web site: www.kns.ac.nz

ADMINISTRATION OF DRUGS CONSENT FORM

I, _____ being the parent/guardian of _____
of room _____ request that my child be administered the following drug(s) by
Knighton Normal School staff.

Name of drug: _____

Dosage: _____ at _____ a.m. _____ p.m.

Days: Monday/Tuesday/Wednesday/Thursday/Friday
until _____

If at some time in the future it is discovered that the drug has side effects, I/we will not
take any action against the school for administering the drug.

I/we understand and agree that the staff at Knighton Normal School will make "their best
effort" to administer the drug as directed and if they are inadvertently unable to do this,
then I/we will take no action against them.

Signed: _____ (Parent/Guardian)

Date: _____