



**KNIGHTON  
NORMAL SCHOOL**

ADDRESS | 45 Knighton Road, Hamilton, 3216

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WEBSITE | [www.kns.ac.nz](http://www.kns.ac.nz)

PRINCIPAL | Andrew Campbell PGDip. Org. Behaviour, B.Ed., Dip.T.

## ADMINISTRATION OF MEDICATION CONSENT FORM

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

**Name of medication/s:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_

**When to be administered:** at \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. or AS NEEDED

**Days:** Monday / Tuesday / Wednesday / Thursday / Friday

until \_\_\_\_\_ or WHEN FINISHED

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

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

Signed: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

### OFFICE USE ONLY:

	Date	eTap noted
Medication expiry:	_____	Y / N / NA
Request sent for new medication:	_____	
Replacement medication expiry:	_____	Y / N / NA
Request sent for new medication:	_____	
Replacement medication expiry:	_____	Y / N / NA