AUTHORISATION FOR ADMINISTRATION OF PRESCRIBED MEDICATION

The school will not give your child medicine unless you complete and sign this form. Medicine must be brought into school by parents in a clearly labelled bag indicating contents, dosage and child's name in full.

Name of Child: _____ Class_____ Date _____

Is this medication on a regular basis or on a required basis?

Condition or illness _____

Medication Authorised:-

Medication	**Dosage**	**Method of Administration**

Has the child taken this medication before? _____

Any side effects_____

Precautions to take in an emergency _____

I understand that the medicine must be delivered personally to the school and that I must notify the school immediately if there are any changes to the instructions.

Signed _____

Checks by School – please sign

Name - same as on the medication?	
Dosage – same as on the medication?	

Medication Administered

Date	**Time**	**Medication**	**Dose**	**Comments**	**Staff Initial**	**Parent Initial**