## **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 p	arents in a clearly labe	elled bag indicat	ing contents, dosage and	d child's nar	ne in full.	
Name of Ch	ild:		Class	Date			
Is this medic	cation on a re	egular basis or on a red	quired basis?				
Condition o	rillness						
Medication	Authorised:	-					
Medication		Dosage	Dosage		Method of Administration		
Has the child	d taken this i	medication before?					
Any side effo	ects						
Precautions	to take in ar	n emergency	<del> </del>				
immediately	if there are	any changes to the ins	structions.	o the school and that I m	iust notily i	ne school	
-	chool – plea ne as on the	se sign medication?					
Dosage – s	ame as on th	ne medication?					
Medication	Administere	ed					
Date	Time	Medication	Dose	Comments	Staff Initial	Parent Initial	