

Parents' Authorisation for School to Administer Medication

Child's Full Name: _____ Class: _____

Name of medication: _____ Expiry Date: _____

Only one medication per form – please complete multiple forms if more than one medication is to be administered

Please complete relevant section:

Section A

Medication for a **set period of time only**, e.g. antibiotic.

To be administered: From (date): _____ until (date): _____

Dose to be given: _____

Time to be given: _____

Section B

Ongoing medication/intermittent use, e.g. Piriton.

Start date: _____

Requirements for medication to be given (severity of symptoms e.g. of hayfever): _____

Dose to be given: _____

Time to be given: _____

Parent/Guardian signature: _____

Please print name: _____

Date: _____