Authorisation for School Staff to Administer Medication to Student(s)

Please administer the accompanying medication as per directions to my child:

........................................ (Child’s Name) ........................................ (Class)

Name of medication .......................................................... ........................................

Special instructions .......................................................... ........................................

.......................................................... ........................................

Checklist (all boxes must be ticked before medication will be administered)

   Medication is prescribed by doctor and has pharmacy label attached - or –
   Over the counter medication is accompanied by a written authority from parent
   Medication is in original container
   Clear instructions for administering/dosage, etc. are with medication
   The child has had this medication before (this is not the first dose administered)
   Medication is within the expiry date

Signed (parent/caregiver) ........................................

Date ........................................