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 ……………………………