


Authorisation to Administer Medication to students

This form should be sent to the school Office with any Medication students are required to have whilst at school. All medication is to kept in the school office.

Please fill in all details and provide the medication in original packaging, with prescription/pharmaceutical label clearly stating child's name, dosage and frequency, and ensure medication is handed to a staff member in the Office.

Thank you for your assistance with this matter.

Authorisation to Administer Medicine to Students	
Student's Name:	
Class:	
Condition	
Doctor	Phone
Name of medication	
Method of administering the medication:	
Dosage & Time:	
Parent/guardian who requested the medication to be administered	
Name _____	
Relationship to Child _____	
Signature _____	DATE _____
Is this ongoing medication? Yes No	
Is the Medication to be stored at school? Yes No	

Office Use:

Student Name:

Medication:

Dosage & Time required:

	Dosage Given	Time	Date	Person Administering	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					