

Antonio Park Primary School

Medication Authority Form

PARENT/GUARDIAN DETAILS

Name:-----

I hereby authorise the staff of Antonio Park Primary School to Administer medication to my child as detailed below.

Signature:-----

Date:-----

CHILD'S DETAILS

Name:-----

Grade:-----

Name of Medication:-----

Reason for Medication:-----

Type of Medication: *(please tick)* Tablet Capsule Elixir Spray

Drops Puffer Cream Other:-----

Dosage: *Amount to be given:*-----

Frequency: At 1.30pm (With lunch)

Every ----- hours (*time of previous dose:* -----)

Once a day at ----- (*time*)

As required

Duration: This medication is for today only (*date:* -----)

This medication is ongoing from ----- to -----