# Medication Authority Form

## PARENT/GUARDIAN DETAILS

Name:................................................................................................................................

I hereby authorise the staff of Roberts McCubbin Primary School to administer medication to my child as detailed below

Signature:..........................................................  Date.............................................

## CHILD’S DETAILS

Name:..............................................................  Grade:.........................................

Name of Medication:.....................................................................................................

Reason for Medication:..............................................................................................

**DOSAGE:** Amount to be given:.................................................................

**FREQUENCY:**

- □ At 1.30pm (with lunch)
- □ Every ....................... hours (time of previous dose:.........................)
- □ Once a day at ...................................(time)

**DURATION:**

- □ This medication is for today only (date:.................................)
- □ This medication is ongoing from.................................to.................................
ROBERTS MCCUBBIN PRIMARY SCHOOL

Medication Authority Form

To be completed by the school.
Administered by:………………………………………

PRINT NAME

……………………………

SIGNATURE

Date and Time:……………………………………

To be completed by the school.
Administered by:………………………………………

PRINT NAME

……………………………

SIGNATURE

Date and Time:……………………………………

To be completed by the school.
Administered by:………………………………………

PRINT NAME

……………………………

SIGNATURE

Date and Time:……………………………………

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SIGNATURE

Date and Time:……………………………………