

St Paul's Primary School Medication Authority Form

		Child's Name	Class
New Medication - Parents	are required to administe	er the first dose of any new medication. St Paul's staff may admir	nister subsequent doses only.
I request that my child		$_$ be administered the following medication whilst at school, as p	rescribed by the child's medical
practitioner.	(Child's Name)		

	Date form and strength of	Name of medication, form and strength of medication (on label)	Is medication in child's name? Yes/No Amount Time	Specific Requirements for Administering Medication, eg.	Parent's Signature of Consent	Staff administration of medication (To be signed by all listed below)				
				Amount	Time	Requires refrigeration, Before or after meals, etc		Time	Staff Member	Witness
1										
2										
3										
4										
5										