

Authorisation to administer medication

Date:

I hereby give the School Registered Nurse permission to administer

Medication

To my Son/Daughter

in Yr. at am/pm/as required.

As per School Medication Policy all prescribed medications to be taken home at the completion of the school day.

As per medication policy parent/guardian consent is required for the administration of paracetamol.

Signed:

Parent/Guardian Name:
