

# Authorisation to administer medication

Date:

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I hereby give the School Registered Nurse permission to administer

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## Medication

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To my Son/Daughter

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in Yr.                      at                      am/pm/as required.

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**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:

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Parent/Guardian Name:

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