







## Medication Authority Form For a student who requires medication whilst at school

	For	a student who	o requires n	nedio	cation whils	t at school
Student i	name:		DOB:		C	Class:
MedicAle	ert Number (i	if relevant):				
		ible, medication should be able from home.	e scheduled outside t	the scho	ol hours, for example	e, medication required three times
Medication name Dosage			Time of day	Instr	ructions D	Dates
					S	tart date:
						nd date:
						ick for ongoing
representatime of the	ative of Caulf e day. gal guardian r	name	administer the	above 	described medica _ Mobile number	horise a nominated ation to my child at the stated
Date	Time	Medication	Do	osage	Representative	Comment
Date	Time	Wicalcation		Jage	Пергезептанте	Comment
						<u> </u>