St Paul's Primary School
Medication Authority Form

Child's Name _____ Class ____

New Medication - Parents are required to administer the first dose of any new medication. St Paul's staff may administer subsequent doses only.
I request that my child _____ be administered the following medication whilst at school, as prescribed by the child's medical practitioner.
(Child's Name)

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