



Authorisation to Administer Prescription Medication

Name of Child:

Date of Birth:

Address:

Medical Condition or Illness

Medicine

Name/type of medicine/strength (as described on container):

Dosage and method:

Timing (when to be given):

Special precautions:

Any other instructions:

Are there any side effects school needs to know about:

Can Child administer medicine themselves:

Yes

No

Procedures to take in an emergency:

Emergency Contact Details:

Surname:

First Name:

Mobile:

Relationship to child:

Address:

Signature:

Print Name:

Date:

Doctors Details

Doctors Surgery:

Phone Number: