



The Children's House

Authorisation to Administer Permanent Prescribed Medication

Date	
Name of Child	
Name of Medication	
Condition being treated	
Symptoms requiring medication	
Prescribed dosage and frequency in the event of symptoms occurring	
Method of administering dose	
Storage instructions	
Any possible side effects	
Expiry date of medication	
Any other details	

Signed (parent) Child's teacher

Note: It is the responsibility of parents to ensure that any medication given to the school on behalf of the child is within its expiry date



Name of child

[illegible]