

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						
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Signed (parent) Child's teacher						
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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						



RECORD OF ADMINISTRATION OF PERMANENT PRESCRIBED MEDICATION FOR A CHILD FOR WHOM MEDICATION IS HELD ON THE PREMISES

Date	Time	Name of medication	Dose given	Teacher's Signature	Witness signature	Parent/Carers Signature	Any other comments
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