



The Children's House

Authorisation to Administer Short-Term Medication

Date	
Name of Child	
Name of Medication	
Condition being treated	
Date course of medication commenced	
Prescribed dosage and frequency	
Time of dose	
Duration of treatment	
Method of administering dose	
Storage instructions	
Any possible side effects	
Expiry date of medication	
Over the counter OR prescribed	
Any other details	

Signed (parent)

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 Medicine by Staff

Date	Time	Does Given	Signed (Teacher)	Signed (Witness)	Any Other Comments