



## AUTHORISATION TO ADMINISTER MEDICATION

I, \_\_\_\_\_, (parent/guardian name)  
authorise a staff member of St Monica's Primary School to administer medication to  
my child as follows:

Student's Name: \_\_\_\_\_

Student's Class: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Amount to be Administered: \_\_\_\_\_

Time to be Administered: \_\_\_\_\_

Day/Date to be Administered: \_\_\_\_\_

Comments \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

**NB. All medications held for students at school are to be kept in their original packaging, with the student's name and required dosage clearly marked on the box/bottle by way of a pharmacist label.**

**Any prescribed medication i.e. Ritalin, needs to be provided in a webster pack made up by a pharmacy for staff to administer.**

**Analgesics (Panadol/Nurofen/Aspirin, etc) cannot be administered by staff at School unless approved by a Doctor, provided directly by parents, and a signed Authorisation to Administer Medication form is held.**

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### OFFICE USE ONLY

Medical box/pack created

Pharmacist label

Expiry checked

Medication recorded on google doc

Plan updated on Simon if applicable

Actioned by \_\_\_\_\_ Date \_\_\_\_\_