

## 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 original label 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

Please ensure your child has been able to take their first dose of a new medication at home under the supervision of the family or health practitioner, prior to starting medication at school in case of an allergic reaction.

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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 \_\_\_\_\_