AUTHORISATION TO ADMINISTER MEDICINE

AUTHORISATION

CHILD’S NAME: .................................................................

YEAR LEVEL: .................... CLASSROOM TEACHER: ..................................................

*As the parent/guardian of the above mentioned child I request and authorise Ilim College Nurse/Staff to administer the following medication.
*I warrant that the medication provided with this authority is that as described below.
*I am aware that any information regarding changes to this medication including type, dosage etc must be forwarded to Ilim College in writing.
*I am aware that it is my responsibility to maintain an adequate supply of this medication at Ilim College.

PARENT/GUARDIAN NAME: ........................................................................................................

PARENT SIGNATURE: ........................................... DATE: .....................................................

ADMINISTRATION INFORMATION

Name of Medication: ................................................................................................................

Quantity on Handover (Tablets/ML): ......................... Expiry Date: ........................................

Period for which Medication is to be administered: From: ................... To: ....................

Frequency of Dosage (ie Specific Times): ............................................................

Medication Dosage: .................................................................................................

Doctors Name: .......................................................... Phone: ..............................................

Other Instructions (ie: is it ongoing): .................................................................................

Name of Dispensing Staff: .................................................................................................

--- OFFICE USE ONLY ---

The medication supplied with this authorisation is:

☐ a prescribed medication &

☐ in original package with pharmacist’s label which states the child's name, dosage, frequency of administration, date of dispensing and expiry date

--- Ilm College ---

Advance through Knowledge

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