ROBERTS McCUBBIN PRIMARY SCHOOL

Medication Authority Form
(Short Term Illness Only)

PARENT/GUARDIAN DETAILS

Name:................................................................................................................................
I hereby authorise the staff of Roberts McCubbin Primary School to administer medication to my child as detailed below

Signature:.................................................. Date..........................................

CHILD’S DETAILS

Name:............................................................... Grade:..........................................
Name of Medication:..........................................................................................................................
Reason for Medication:..........................................................................................................................

DOSAGE: Amount to be given:..........................................................

FREQUENCY:

☐ At 1.30pm (with lunch)
☐ Every ....................... hours (time of previous dose:.........................)
☐ Once a day at .................(time)

DURATION:

☐ This medication is for today only (date:.................................)
☐ This medication is ongoing from..............................to.................................
| Administered by: ...........................................  |
| PRINT NAME                                                                 |
| ................................................................. |
| SIGNATURE                                                                 |
| Date and Time: .............................................  |

To be completed by the school.

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