# Craigieburn Primary School

## Medication Authority Form

### PARENT/GUARDIAN DETAILS

Name: ________________________________

I hereby authorise the staff of Craigieburn Primary School to administer medication to my child as detailed below.

Signature: ___________________________ Date: ______________

### CHILD’S DETAILS

Name: ________________________________ Grade: _________ Room: _______

Name of Medication: ________________________________

Reason for Medication: ________________________________

### Type of Medication: (Please Tick)

- [ ] Tablet
- [ ] Capsule
- [ ] Elixer
- [ ] Drops
- [ ] Puffer
- [ ] Cream
- [ ] Syrup
- [ ] Other: ________________________________

### Dosage:

Amount to be given: __________________________

### Frequency:

- [ ] 10.50 am
- [ ] 1.15 pm

### Duration:

- [ ] This medication is for today only (date: _________________)
- [ ] This medication is ongoing from ______________ to _____________

### Notes:

__________________________________________

__________________________________________

### OFFICE USE ONLY:

Entered on Announcement Sheet

Medication kept on hand to be used as required for a Medical Condition