

## MEDICATION AUTHORISATION FORM

(A separate form MUST be completed for each medication)

This form is for parents to complete if they wish the school to ADMINISTER MEDICATION or if their child will be CARRYING THEIR OWN (High School Only) medication during school hours.

The School will NOT give your child medicine unless you complete and sign this form.

Name of Child:

Date of Birth:

Grade:

### Name of Medication:

Condition/illness medication is prescribed for:

### FULL DIRECTIONS FOR USE

Please circle one of the following:

Single Course

Ongoing

Emergency

As Necessary

Details of Dose:

Times to be administered:

Method (please circle):

Liquid

Tablet

Inhaler

Cream

Injection

Other (specify)

Date of First Dosage:

Anticipated Date of Last Dosage (if known):

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I authorise the School Nurse or First Aid trained employee of The International School of Aberdeen to administer the above-named medication, as indicated, to my child. However, if he/she is unavailable, I authorise an employee of The International School of Aberdeen over the age of 21 to administer the medication as directed on this form.

Signature:

Date:

Print Name:

Relationship to Child: