

ELLWOOD COMMUNITY PRIMARY SCHOOL



MEDICATION AUTHORISATION FORM

*FORM TO BE COMPLETED WHEN MEDICINE IS BROUGHT INTO SCHOOL AND
ADMINISTERED DURING THE DAY*

ALL MEDICATION MUST BE CLEARLY MARKED WITH:

- 1.** Child's name
- 2.** Type of medicine
- 3.** The dosage and timing

Name of Child _____ Class _____

Medicine _____

Dosage _____ Times _____

Signed _____ parent/guardian. Date _____

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