



St Columba's School Bayswater

Grow in Faith Seek Wisdom Live in Peace

Authorisation to Administer Medication

(Short or Long Term)

Student name:	
Class:	
Parent/Carer name:	
Contact phone number:	
<i>I request that school staff administer the following medication to my child as required below:</i>	
Name of medication:	
Prescribed by doctor:	
For the treatment of:	
Dosage:	
Time:	
Dates required:	
Instructions:	
Parent signature:	

- For students who require more than one medication, a separate form must be completed for each additional medication
- Please advise staff of any special storage instructions for the medication
- All medications MUST be administered by a staff member. Students are NOT to self-administer.