

Administration of Routine Medication Authorisation Form for Parent/Guardian

Department of Education



Tasmania

Student's Name	Surname or family name <input type="text"/> First given name Second given name <input type="text"/>
Medication to be given to student during school hours, as prescribed the by student's medical practitioner.	Name of medication (see note below) <input type="text"/> Dose and route <input type="text"/> Frequency <input type="text"/> Relation to meals or n/a <input type="text"/> Side effects, if any, school staff should be made aware of <input type="text"/> Medication has been supplied in original container with the instructions provided by the pharmacist. <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian's signature	Parent/Guardian name (please print) <input type="text"/> Address <input type="text"/> Post Code <input type="text"/> <input type="text"/> Signature: _____ Date: _____

Note: For administration of prescribed medication an Authorisation Form for Doctors must be completed.

IMPORTANT: Please notify school immediately of any change to details above.