## MEDICATION AUTHORISATION

## Instructions

This form is used to record the request, by a parent/categorethe school administer medication to their child. Where a student requires more than one medication separate form must be completed for each medication  $\S$  v •  $\mu$  CES ]  $\infty$  0.

Wherever possiblemedication should be given to students outside of school hours and/or should be administered the first time away from students outside of school hours and/or should be administered the first time away from students outside of school hours and/or should be administered the first time away from students outside of school hours and/or should be administered the first time away from students outside of school hours and/or should be administered the first time away from students outside of school hours and/or should be administered the first time away from students outside of school hours and/or should be administered the first time away from students outside of school hours and/or should be administered the first time away from students outside of school hours and/or should be administered the first time away from students outside of school hours and/or should be administered the school hours and school hours and school hours and school hours are school hours and school hours and