

“Together we can do more!”
“Soirbheachaidh sinn còmhla!”

Medication Authorisation

Please complete the form below to accompany all medication to be administered to your child in school.

Child's Name & Class		
Condition eg Asthma		
Name of Medication/s		
Dosage		
Time & day/s to be Administered		
Medication to be kept in school or taken home daily (please tick)	SCHOOL	HOME
Medication kept in school to be given when necessary (state symptoms when medication required)		
Any other relevant information		