



EATONS HILL STATE SCHOOL

AUTHORITY TO ADMINISTER PRESCRIPTION MEDICATION.

(N.B. Only medication prescribed by a doctor and displaying a Pharmacist's Label can be administered by School Staff.)

(Permission form is valid for one week only, unless there is permanent medication where special negotiation will take place).

Date:.....(Principal)

I hereby authorise medication to be administered to my child.

Details are:

STUDENT'S NAME:

CLASS:

MEDICATION:

TIME/S for ADMINISTRATION:

PRESCRIBING DOCTOR:

PROBABLE PERIOD of TREATMENT:

.....

SIGNATURE of PARENT / GUARDIAN:

Address:

..... **Post Code:**

Phone No:
