LINDISFARNE
ANGLICAN
GRAMMAR SCHOOL

STUDENT MEDICATION AUTHORITY FORM

Please note that all medication should be in the original, intact packaging with the student's name clearly visible and should not be out of date. In the case of prescribed medications the packaging should include the above, along with a prescription label with the child's name and administration instructions as dispensed by the pharmacy from which is was purchased.

I hereby authorise the staff of Lindisfarne Anglican Grammar School to give the following medication to my child.

Student Name:			
Medication Brand:		**Used By Date:**	
Dosage:		**Time to be given:**	
Teacher / House Tutor:		**Class / House Tutor Group:**	

Parent/Guardian Name:			
Signature:		**Date:**	

OFFICE USE ONLY					
DATE	**MEDICATION**	**DOSE**	**GIVEN BY**	**TIME**	**SIGNATURE**

LINDISFARNE
ANGLICAN
GRAMMAR SCHOOL

OFFICE USE ONLY					
DATE	**MEDICATION**	**DOSE**	**GIVEN BY**	**TIME**	**SIGNATURE**