



Student Medication Authority Form

All medication should be in the original, intact packaging with the student's name clearly visible and should not be expired. Prescribed medications should include a prescription label with the child's name and administration instruction as dispensed by the pharmacy.

Please note: All medication must be stored and administered by Lindisfarne staff, students are not allowed to carry or administer their own medication.

I hereby authorise the staff of Lindisfarne Anglican Grammar School to give the following medication/s to my child:	
Student Name	
Year	
Parent Name	
Signature	
Date	

Medication Details- Medication 1	
Medication name	
Dose	
Time/s to be given	
Expiry date	

Medication Details- Medication 2	
Medication name	
Dose	
Time/s to be given	
Expiry date	