



AUTHORITY TO ADMINISTER MEDICATION

I authorise the Hawera Christian School staff to administer medication to:

Name of medication:

Dosage: e.g. 1teaspoon, 1 tablet.

To be administered at the following time/s on a daily basis until finished.

I require the medication to be returned home with my child for weekends and any public/school holidays. [] (please tick if you require this action).

Signed:

Dated: