



Medication Authorisation Form

I, _____, parent/guardian of _____,
(name of parent/guardian) (name of child)

in class _____ hereby authorise Renaissance College to administer the
(class name/number)

following medication:

Only medication prescribed by a doctor or medical professional would be administered by the school to your child.

All medication packaging must be clearly labelled in English with the below details indicated:

- Name of child
- Class of child
- Name of medicine
- Dosage
- Expiry date
- Route of administration and hours
- Name of doctor/medical professional
- Date of prescription

Signature of parent/guardian: _____

Date: _____