



Administration of Medication Authorisation Form
(this information is kept in the school office)

I authorise the appointed person within Concordia Academy to administer the following medication to my child as per my instructions.

Child's Name _____ Class _____

D.O.B _____ Medication _____

Medical condition or illness _____

When is the medication required _____

Dosage and method _____

Does the medication require refrigeration? Yes / No

Special precautions/other instructions _____

I have administered at least one dose of the medication to my child/student without adverse effects

Yes

No

I hereby request that the above ordered medication be administered by academy personnel in accordance with the academy's policy. I give permission for the exchange of information between the prescriber and the school nurse or academy staff to ensure the safe administration of this medication.

The above information is, to the best of my knowledge, accurate at the time of writing. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Guardian Signature _____

Relationship _____ Date ____/____/____

Parent /Guardian's Address

Home Phone # _____ Work Phone # _____

Other Phone # _____



SELF ADMINISTRATION OF MEDICATION AUTHORISATION/APPROVAL

Self-administration of medication may be authorised by the parent/guardian and must be approved by the school nurse (if applicable). In school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with the written authorisation from a student's parent or guardian.

I confirm that I authorise the above named child to self-administer the medication noted on page 1 of this form (overleaf).

I confirm that I am the Parent/Guardian of the child mentioned on page 1 of this form.

Parent/Guardian authorisation for self-administration: YES / NO

Parent/Guardian Signature _____

Relationship _____ Date ____/____/____