



**Medication Authority Form**

I \_\_\_\_\_ give permission for the staff of  
Glowrey Catholic Primary School to administer medication \_\_\_\_\_  
(name of medication)

For my child \_\_\_\_\_ Grade \_\_\_\_\_

Date from \_\_\_\_\_ to \_\_\_\_\_ Dosage \_\_\_\_\_

Time/s \_\_\_\_\_

Signed \_\_\_\_\_

Full name \_\_\_\_\_