



PRESTFELDE

MEDICINE AUTHORISATION FORM

I authorise the Health Centre to give my child:

(Full name) Form

Name of medication

Expiry Date.....

Doctor prescribing medication.....

Condition medicine is for.....

.....

.....

This medicine is required for a *fixed period / to be given as necessary. *(*Delete as applicable)*
For medicines to be given for a fixed period, please state:

Amount of dosage

.....

Times to be given

.....

Start date Finish date

Signed: Date:
(Parent or Guardian)

Please remind your child to give their medication (in its original labelled box), along with this note, to either the Health Centre (Senior School) or their Form Tutor as soon as they arrive at school.