



Authorisation to Administer Drugs/Medication to a Student

Name of Student _____

Form _____

Contact Telephone Number _____

I hereby authorise a member of school staff as appointed by the Head teacher at
Rose Bridge High School to administer the following drug/medication.

Name of Medication(s)	Strength	Time medication is required	Dosage/No of Tablets etc	Date of First Dose	Date of Last Dose	Expiry Date of Medication

The above information is correct to the best of my knowledge and accurate at the time of writing. I will inform the school immediately if there is a change on dosage or frequency of the medication or if the medication is stopped.

Signed Parent/Carer: _____

Name of Parent/Carer: _____

Date: _____

Respect Believe Achieve