



Medication Authority Form

Instructions:	<ul style="list-style-type: none"> To be completed by a medical practitioner only. This form is valid for 12 months from the earliest `date ordered`. Please include all medications including those administered at home. This is important information in case of a medical emergency. Please Note: Medication is unable to be administered between 1030 – 1100 (recess) and 1230 – 1330 (lunchtime). 	INSERT PHOTO
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Students name:		Date of Birth:	
Allergies:		Class:	

Route Abbreviations: PO = Per Oral; PR = Per Rectum; PEG = Via PEG tube; Topical = On skin (Creams)

Medication Name and Strength	Reason for Medication	Route	Frequency							Date Ordered	Review Date
			Time								
			Dose								
			Time								
			Dose								
			Time								
			Dose								
			Time								
			Dose								
			Time								
			Dose								

Additional Information: (i.e., Give with a spoonful of yoghurt): Please print clearly.

Doctors Name:		Doctors Ph:		Signed:		Date:	
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