AUTHORISATION TO ADMINISTER MEDICATION FOR CATEGORY II MEDICINES

A category ii medicine is defined as follows:

A prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is:

- Used for a specific period of time to treat a specific condition or symptom; and
- Provided by a parent for the use of that child only.

Name of Child: .....

I consider it is appropriate for a person who does not have medical training to administer the following medication to the above named child:

Name of Medication: .....

Method of administration: **Inhaler** ☐ **Injection** ☐ **Suppository** ☐

Tablet ☐ **Liquid** ☐ **Other** ☐

Dosage: .....

When to administer (detail time or specific symptom/circumstances):

.....

.....

.....

Name and telephone number of child's medical practitioner:

Name: .....Phone number: .....

Parent authorisation: I've given full authority for any of the staff employed at this school to administer the medication stated, as per the details above:
Parent signature: .....

Form to be signed each day the medicine is administered:

Date	Time	Name	Signature