

'Authorisation for the Administration of Medication' form. (Sample)

Request for School Nurse to administer medicine to a child recovering from illness. Please note that no child should be in school if suffering a contagious illness. A list of contagious illnesses is given below.

Name of child Mary Rogers

Class G1G

Details of Medicine to be administered to the child.

Parents/Guardians please fill in this part in English

Type of medicine and Dosage (packs/ml etc.) White 1 tablet and Pink powder — 1pack

And Syrup — 5ml

Drug's performance Use for a cold or stomach ache / painkiller

Time to be administered After lunch

Start date / End date 2010/10/01~10/04

Your phone number 090-1234-5555

Parent's signature Paul Rogers

MIS will not be able to administer medicine to any child until the doctor who prescribed the medicine has signed the form below.

I confirm that the disease has no risk to be infected but the child needs to continue taking the medicine above for a while.

この病気は感染する恐れはありませんが、しばらく上記の服薬を継続する必要があります。

Date: 2010/10/01

Hospital MIS Hospital Signed Nick Gunn
(Family Doctor)

Head of School Use

School Nurse Use