



### Medication Authorisation Form

I, \_\_\_\_\_, parent/ guardian of \_\_\_\_\_  
(parent's/ guardian's name) (child's name & class)

hereby authorise **Sha Tin Junior School** to administer the following medicines:

Name of medication \_\_\_\_\_

Time & Dosage & Route to be given \_\_\_\_\_

Possible side effects/ Adverse reactions \_\_\_\_\_

\_\_\_\_\_

Signature of parent/ guardian \_\_\_\_\_

Date \_\_\_\_\_

