

## SHORT TERM/INFREQUENT MEDICATION AUTHORISATION FORM

For example: Antibiotics/Panadol/travel sickness tablets when provided to the school or for camp.

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		First Aid Staff, Tea g medication to m		Hours Staff i	n charge to
Student's	Name:		Gı	rade:	
Medication	า:		Do	ose:	
Dates to b	e given:				
Times to b	e given:				
Signed:		(F	arent/Guardia	n) Date:	
Mobile ph	one no.:		_ Work phone	no.:	
	PLEASE I		CHILD'S SAFE LL MEDICATI AINER AT TH	ETY ON REQUIR E TIME OF N	ED IS
SUPPL	PLEASE I	FOR YOUR ( ENSURE THAT A ORIGINAL CONT	CHILD'S SAFE LL MEDICATI AINER AT THI THE EXPIRY	ETY ON REQUIR E TIME OF N DATE	ED IS NOTIFICATION
SUPPL Further co	PLEASE I LIED IN ITS ( omments	FOR YOUR (ENSURE THAT A DRIGINAL CONT.	CHILD'S SAFE LL MEDICATI AINER AT THI THE EXPIRY	ETY ON REQUIR E TIME OF N DATE	ED IS NOTIFICATION
SUPPL Further co	PLEASE II LIED IN ITS (	FOR YOUR (ENSURE THAT A DRIGINAL CONTAIN AND IS WITHIN	CHILD'S SAFE LL MEDICATI AINER AT THI THE EXPIRY	ETY ON REQUIR E TIME OF N DATE	ED IS NOTIFICATION
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