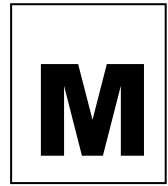




Catholic Education - Diocese of Cairns
Learning with Faith and Vision



Parent / Carer's Authority Form
for medication to be administered

This permission form is valid for one week only, unless there is permanent medication in which case special arrangements will need to be negotiated.

I hereby authorise medication to be administered to my child. Details are:

Student's Name: _____ Class: _____

Medication: _____

Time/s for administration: _____

Doctor who prescribed: _____

Probable period of treatment: _____

Signature of Parent / Carer: _____

Address: _____

Phone Number: _____