



Marylebone Boys' School

STUDIO ET INDUSTRIA

Administration of Medication Authorisation Form

Date \_\_\_\_\_

Child's name \_\_\_\_\_

Form Group \_\_\_\_\_ -

Dear Mr Ardron

My child, needs to take non-prescription medication for \_\_\_\_\_. Please will you make suitable arrangements for this to happen? I understand it is my child's responsibility to the Medical Room and ask for the medication.

The medication is \_\_\_\_\_

The medication should be taken at \_\_\_\_\_

The dose is \_\_\_\_\_

The treatment will end on \_\_\_\_\_

I give my consent for you or one of your staff to administer my child's medication.

Signed \_\_\_\_\_

Name \_\_\_\_\_