



# Authority to Administer Medication

Please complete this form and return to Student Services along with *Action Plan for Medical Condition* form completed by your General Practitioner and Medication.

## STUDENT DETAILS

Surname  First Name  Year / Form

Medication

Dosage

Time

Refridgeration required  Y  N

Dates Medication is to be administered

Details / Comments

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I \_\_\_\_\_ give permission for Bunbury Baptist College staff to administer the above medication to  
\_\_\_\_\_ at the above stated times.

Parent/Guardian's Signature

Date