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Merinda Park Learning & Community Centre Inc

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Medication Authorisation Form

All medication needs to be, in the original container, clearly marked with the child's name and dosage as per prescribed medication. Over the counter medication must be accompanied by authorisation from a Medical Practitioner with the above-mentioned criteria outlined including a date range that the medication is relevant for.

Child's Name: _____ D.O.B: _____

Date authorised from: _____

Name of medication: _____

Dosage to be given: _____

Medication in child's name: Yes No. If no, do not administer.

Time to be given/ Indicators: _____

Name of authorised person: _____ Signature: _____

