

Chronic Medication Authorisation Form

Chrysalis Preschool policy states that medication will only be administered if it has been prescribed by a qualified medical practitioner, in its original container and there is signed permission for the principal/teacher to administer.

I, _____, authorise the principal/teachers of Chrysalis School to administer _____ to my child _____ with the following instructions:

Dosage: _____

Time(s): _____

Special Instructions (ie: on full/empty stomach, etc.): _____

Possible Side Effects: _____

Parent Signature

Date

