



### Medication Authorization Form (Long term medication)

I, \_\_\_\_\_, Parent/guardian of \_\_\_\_\_  
(Parents/Guardian's name) (Child's name and class)

Hereby authorize **Discovery College** to administer the following medicines:

Student name		Class
Medical Problem (1)	Medication and dosage	
Medical Problem (2)	Medication and dosage	
Medical Problem (3)	Medication and dosage	
Contact details of prescribing doctor: Name:  Telephone Number:	Address:	

\* The name of medicine (prescribed by doctor), date, student's name, dosage and route of administration should be marked clearly on each medication bag/bottle.

Signature of Parent/guardian \_\_\_\_\_

Date \_\_\_\_\_