



Student Medication Authority

I request that LPS supervise the taking of oral medication by my child as described below.

Name	Grade	Medication	Dose	Time/ Frequency

Signed by Parent/Guardian Date :

.....



Student Medication Authority

I request that LPS supervise the taking of oral medication by my child as described below.

Name	Grade	Medication	Dose	Time/ Frequency

Signed by Parent/Guardian Date :

- ◇ Please use a separate form for each child .
- ◇ Please note the restrictions overleaf.

Please Note :

- Lynbrook Primary School staff will not be responsible for the supply or prescription of medication or Use by Dates.
- Medications to be administered by injection or rectal insertion will not be given.
- Parents/guardians should supply medication in a container that gives the name of the student, the dose and the time it is to be given. The name of the medication should be clearly marked on the container. It is recommended that parents/guardians provide a dosette box with all medication in tablet form to ensure the correct dosage is given.

Please Note :

- Lynbrook Primary School staff will not be responsible for the supply or prescription of medication or Use by Dates.
- Medications to be administered by injection or rectal insertion will not be given.
- Parents/guardians should supply medication in a container that gives the name of the student, the dose and the time it is to be given. The name of the medication should be clearly marked on the container. It is recommended that parents/guardians provide a dosette box with all medication in tablet form to ensure the correct dosage is given.