



**SAINT PAUL'S CATHOLIC SCHOOL**  
RICHMOND

63 Salisbury Road  
PO Box 3402  
Richmond NELSON 7050  
P: (03) 544 2243  
F: (03) 544 2263  
www.stpauls-richmond.school.nz

*"You must shine among them like stars lighting up the sky" Saint Paul - Philippians 2:15*

## Medicine Authority Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Class Teacher: \_\_\_\_\_ Room/level: \_\_\_\_\_

I/We request that (child's name) \_\_\_\_\_ be given  
(dose and name of medicine \_\_\_\_\_)

At (time/s)/ or certain situations \_\_\_\_\_

Condition for which medicine is given: \_\_\_\_\_

Name of Prescribing Doctor: \_\_\_\_\_

I/We accept responsibility for:

- The decision to give this medication to my/our child, and acknowledge that the school is no way responsible for that decision, now or in the future.
- Notifying the school about any changes in dosage, time or procedures, by filling out a new Medicine Authority form.
- Ensuring that the medicine is not past its 'use by' date.
- Delivering the medication personally to school.

I/We accept that the school:

- May not have a trained medical officer to administer medications.
- Cannot guarantee that medication will be given at a precise time or by the same person.
- Will dispose of any uncollected medicine at the end of the year

Signed: \_\_\_\_\_ (parent or guardian)

Date: \_\_\_\_\_