



Christ The King Catholic Primary School  
7 Randolph St, Graceville Qld 4075  
Ph (07) 3379 7872 - Fax (07) 3379 9534  
e-mail pgraceville@bne.catholic.edu.au

## AUTHORITY FOR ADMINISTERING OVER THE COUNTER NON PRESCRIPTION MEDICATION

I,  (Parent/Guardian) give authorisation for my child

to be administered **one dose of over the counter non prescription medications.**

I understand that this authorisation is a guideline for the administration of a specific dose.

I understand that I will be contacted for my permission to use these medications.

Where students symptoms are not alleviated by the dose given, or in the event of an emergency, I agree to collect my child as soon as possible.

I understand the potential risks and side effects of this medication for my child.

**Child's name:**

Name, form (tablet, liquid or cream), and strength of the medications:

- Trade Name:
- Form and/or Strength:

  

Dosage to be administered (**one only**):

Condition or circumstance under which to be administered:

Provide details:

  

<b>Doctor's name:</b>	<input type="text"/>
<b>Address:</b>	<input type="text"/>
<b>Phone No.:</b>	<input type="text"/>

### Emergency contacts names and numbers for child:

1. Name:

  

Ph No.:

  

2. Name:

Ph No.:

Parent/Guardian Signature

Parent/Guardian Name:

Date: