



ACT DEPARTMENT OF EDUCATION & TRAINING

# Ainslie School

Donaldson Street,  
BRADDON, ACT 2612  
ABN 49 137 579 425

Tel: (02) 6205 6322  
Fax: (02) 6205 6320  
[info@ainslies.act.edu.au](mailto:info@ainslies.act.edu.au)  
<http://www.ainslies.act.edu.au>



## AUTHORITY TO ADMINISTER PRESCRIBED MEDICATION

Name of Student: \_\_\_\_\_ Class: \_\_\_\_\_

I (name of parent/carer) \_\_\_\_\_

of the above student give permission for Ainslie School administration staff to administer the following medication from     /     /     to     /     /     .

If you have any questions regarding administration of this medication please call me on \_\_\_\_\_ (parent/carer contact number)

Signed: \_\_\_\_\_ (parent/carer)

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

Medication	Dose	Time(s) to be given

\*Families need to supply all equipment (measuring cup/ syringe) required for administration\*