



**Medication Authorisation Form**  
**Year 4 Camp 2018**

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

hereby authorise Kowloon Junior School to administer the following medicines:

Name and dose of Medicines\*:

\_\_\_\_\_ at time: \_\_\_\_\_

\_\_\_\_\_ at time: \_\_\_\_\_

\_\_\_\_\_ at time: \_\_\_\_\_

\*The name of medicine, date (prescribed by doctor within 7 days), student's name, dosage and route of administration should be marked clearly on each medication bag/bottle.

Signature of Parent/Guardian: \_\_\_\_\_

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