ADVENTIST SCHOOLHOUSE
90 Jurong East Street 13, Singapore 609648 ☎ 6562 4932

MEDICATION AUTHORISATION & ADMINISTRATIVE FORM

- This form should be filled by parents or authorised caregiver.
- Fill in a new form for each day of prescription. Multiple-day instruction on the same form will not be accepted.
- Oral medicine **must be** prescribed by a state-registered doctor.
- Medicines will be administered to the child only if the child's name is reflected on the medicine label(s) (as prescribed by the clinic). Siblings are not allowed to share medicine.

Name of Child _____ Class _____ Date _____

Name of Medicine	Oral/Topical	Dosage	Time to be given		Time Administered by Teacher	Name of Staff who administered the medicine	Parents' Remarks	Teachers' Remarks
	☐ Oral ☐ Topical		☐ Before food	1st:				
			☐ After food	2nd:				
			☐ When necessary	3rd:				
	☐ Oral ☐ Topical		☐ Before food	1st:				
			☐ After food	2nd:				
			☐ When necessary	3rd:				
	☐ Oral ☐ Topical		☐ Before food	1st:				
			☐ After food	2nd:				
			☐ When necessary	3rd:				

I hereby authorise your centre's staff to administer the above medication. I fully understand that the staff and management of Adventist Schoolhouse shall not be held responsible in cases of allergies or any unforeseen circumstances arising as a result of the medication authorized by me.

Parent/Guardian's Name: _____ Parent/Guardian's Signature: _____