



Medical Authorization Form

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

hereby authorize Kowloon Junior School to administer the following medicines:

Name 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: _____

Please make extra copies for future use