

Gardens of the Mind

ART SCHOOL

WORKPLACE SCHOOL HOLIDAY ART WORKSHOP AUTHORITY TO GIVE MEDICATION FORM

I _____ hereby give permission to staff at Gardens of the Mind to administer the following
(Parent's Name)
medication to my child _____

(Child's Name)

Name of Medication	Prescribed By	Reason for Medication	Dosage	Date dosage last given by parent	Time last dosage given by parent	Times Medication to be given by staff

Parent/Carer Signature _____.

Date _____

Gardens of the Mind website: www.gotm.com.au

E: gotmcreative@gmail.com