

Leipzig International School gGmbH  
**Medication Authorisation Form**



Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Regular Medication**

The following medication(s) should be given at the time(s) stated:

Name of Medication:	Name of Medication:
Dosage:	Dosage:
Time(s):	Time(s):
Route:	Route:
Duration:	Duration:
Special Instructions:	Special Instructions:

**As-required/Rescue Medication**

Name of Medication:	Name of Medication:
Dosage:	Dosage:
Route:	Route:
For the following symptoms:	For the following symptoms:

Further instructions/procedure for administration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Authorization of the Parent / Legal guardian:**

I give permission for the School Nurse/Teacher to administer the above medication.

Name of Parent / Guardian: \_\_\_\_\_

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

