MacPherson Sheng Hong Childcare Centre

Medication Authorization Form

I hereby authorize **MACPHERSON SHENG HONG CHILDCARE CENTRE** to administer the following medication that I have provided for my child as follows:

Child's Name	:	Class	:
Parent's Name	:	Signature	:
Parent's Contact Nu	mber :	Date	:

Date	Name of Medicine	Oral (please tick)	Ext (please tick)	Dosage (eg. 5ml / 4 hrs)	Last Administered by Parent	Administered by Teacher		Administered by Teacher		Administered by Teacher	
		,	·	,	Time	Time	Signed	Time	Signed	Time	Signed

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				·	Time	Time	Signed	Time	Signed	Time	Signed