



"For God, Family and Country"

### MEDICATION AUTHORISATION FORM

Ghana Christian International High school requires a parent authorization/doctor's written order for a nurse/designate to administer prescribed medication that are provided by parents. The medication must be in the original container, and properly labeled with student's first and last name. School personnel are not responsible for any ill effects, which might occur from the medication.

Name of Student: KNIYA NAA-AKUVA ADDY Age: 13YRS Class \_\_\_\_\_

Condition for Medication: FOR MALARIA PROPHYLAXIS

Name of Medication: MEFLOQUINE (LARIAM) Dosage: 250MG WEEKLY

Expiry date 30<sup>TH</sup> APRIL 2019 Time: Before food / After Food (circle as applicable)

Period for Medication: from 15<sup>TH</sup> JULY 2018 to 15<sup>TH</sup> OCTOBER 2018  
(Date) (Date)

When was the first dose of this medication given? 15<sup>TH</sup> JULY 2018

DR ZEBRI Gerald R. Addy 30<sup>th</sup> AUG 2018  
Name of Doctor Name of Parent / Guardian Date

Write at the back if space allowed is inadequate for your list



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Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade \_\_\_\_\_

Condition for Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Expiry date: \_\_\_\_\_ Time: \_\_\_\_\_ Before food / After Food (circle as applicable)

Period for Medication: from \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

When was the first dose of this medication given? \_\_\_\_\_

\_\_\_\_\_  
Name of Doctor Name of Parent / Guardian Date

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