

Dr. Malvett Charlton-Brown  
Dip. Ed. (Hons.), B.A. (Hons.), M. Ed., M.A., Paed. Cert., Ph.D.  
Headmistress

Dr. Karen McMillan-Tyrie  
B.Ed., M.Sc., Ed.S., Ed.D.  
Chairman, Board of Governors



HAMPTON SCHOOL  
MALVERN P.O.  
ST. ELIZABETH  
JAMAR, A. W.I.  
Telephone: 01691 421111

Fax: 01691 421112  
e-mail: hampton@hampton-high-education.gov.uk

**PHYSICIAN AND PARENT MEDICATION AUTHORIZATION FORM**  
**Administration of Medication During School Hours**

**To be completed by Licensed Health Care Provider**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Allergies \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_  
Name of Medication: \_\_\_\_\_  
Time to be given: \_\_\_\_\_ Dosage and Routes to be given: \_\_\_\_\_  
Duration of time child is to receive medication: \_\_\_\_\_  
Reaction to monitor for: \_\_\_\_\_

Licensed Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please print the following information:**

Licensed Health Care Provider's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Affix stamp below.



**NB: Please be reminded that any medication administered to a student is provided at the expense of the parent.**

Senior Management Team  
Mr. Donovan Graham, M.Ed. (cand.), PQP - Acting VP to Junior School & Programmes (including Boarding); Mrs. Roseann Lounges, M.Sc. - VP to Senior School & Administration; Mrs. Svetlana Crawford-Keane, B.Sc., FCCA - Bursar