



Renaissance
College

Hong Kong

啓新書院

Medical Authorization Form

I, _____, parent/guardian of _____,
(name of parent/guardian) (name of child)

in class _____ hereby authorize **Renaissance College** to administer
(class name/number)

the following medication:

All medication packaging must be **clearly labelled in English** with the below details indicated:

- Name of medicine
- Date of prescription from doctor / medical professional
- Dosage
- Route of administration

Signature of parent/guardian: _____

Date: _____