



---

## ADMINISTRATION OF MEDICATION TO STUDENTS DURING SCHOOL HOURS

Dear Parents/Guardians

Should your child be prescribed their medical practitioner to take medication while at school I wish to inform you of the requirements and procedures with respect to this matter.

1. The parent or guardian must in the first instance complete the attached Authority Form requesting the school to administer medication. The form is to be lodged with the Principal of the School.
2. The student's medication, with the pharmacist's written instruction on the container must be lodged with the school for security purposes. Written instructions should include (a) name of child (b) dosage and times for it.
3. An adult staff member designated by the Principal will carry out administration of that medication.
4. Non-prescribed medications should not be brought to school and will not be administered by school staff.

Yours sincerely

Principal

-----

### PARENT/GUARDIAN'S AUTHORITY FORM FOR MEDICATION TO BE ADMINISTERED

This permission form is valid for one week only, unless there is permanent medication in which case special arrangements will need to be negotiated.

I hereby authorise medication to be administered to my child. Details are:

STUDENT'S NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

TIME/S FOR ADMINISTRATION: \_\_\_\_\_

DOCTOR WHO PRESCRIBED: \_\_\_\_\_

PROBABLE PERIOD OF TREATMENT: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

FOR SCHOOL USE ONLY

ADMINISTRATION OF MEDICATION TO STUDENT'S REGISTER

STUDENT'S NAME:			
CONDITION:			
DOCTOR:		Telephone No.	
PHARMACIST:		Telephone No.	
NAME OF MEDICATION:			
METHOD OF ADMINISTERING THE MEDICATION:			
DOSAGE	TIME	DATE	PERSON WHO ADMINISTERED MEDICATION
<b>Principal's Signature:</b>			
<p>Note the name of Parent/Guardian who requested the medication administration:</p> <p>Name: _____</p> <p>Relationship: _____ Contact No _____</p> <p>Unused medication returned to parent YES/NO</p>			
Permission for is valid for one week only, unless there is permanent medication in which case special arrangements will need to be negotiated.			