



Medication Form

Dear Parents,

To ensure all forms of medication are secure and administered as required, it is stored in a central secured locality and administered from that room by a trained staff member. Medication cannot be put into school bags or lunch boxes, etc.

Please complete the authorisation form below. If you have any queries, please contact the Principal or the Assistant Principal.

Date Commencing: _____ Date Finishing: _____

or ongoing for the duration of the year.

Name of child: _____ in Grade: _____

Name of Medication: _____

Medication – dosage : _____

Medication to be given before or after food

Times/s to be given 11.00am (recess) 12.00pm 1.00pm (lunchtime) 2.00pm

other: _____

Does the medication need to be refrigerated Yes No

CONTACT NUMBERS:

Parent Name: _____

Home No. : _____ Mobile No. : _____ Work No. : _____

1. Emergency Name: _____ Contact No. : _____

2. Emergency Name: _____ Contact No. : _____

Signed: _____ Dated: _____

(Parent / Guardian)

PLEASE ENSURE THAT ALL MEDICATION IS CLEARLY NAMED

1. All medication to be administered during school hours must be delivered by an adult to the Assistant Principal in the office area between 8.45 – 9.00 am before school, together with a completed Medication Form.
2. This does not apply to self-administered asthma medication.
3. No medication, with the exception of asthma relievers, will be permitted to be kept in classrooms. Medication will be stored in a secure place.
4. Medication will only be administered when a Medication Form has been completed with the relevant information.
5. Medication where applicable must be collected after school (before 4.00 pm) from the Assistant Principal's office.