



Bonbeach Primary School

29 - 63 Breeze Street, Bonbeach, 3196.

School No. 4798

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SHORT TERM / INFREQUENT MEDICATION AUTHORISATION FORM

eg Antibiotics/Panadol

Dear Parents/Guardians

In order to provide the safest possible administration of your child's medication during school hours, we ask you to complete this form. To ensure no error is made in tablet identification or dosage, we ask that you send your child's medication to the school in the correctly labelled bottle supplied by the chemist.

Medication is stored in a central secured location and administered from that room by a staff member. Medication cannot be put into school bags and lunch boxes, etc.

I authorise the teacher, integration aide or office staff to administer the following medication to my child:

Child's Name _____ Date _____

Child's Teacher _____ Year Level _____

Date/s Medication is to be administered _____

Name of Medication _____ Medication Expiry Date _____

The type of dose to be administered e.g. mls/puffs/tablets _____

Time/s Medication is to be administered _____

Parent/Guardian Name _____

Signature of Parent/Guardian _____

Parent/Guardian Contact: Phone (BH) _____ (H) _____ (M) _____

Please Note:

Where medication is required to be administered 'three times' a day, we request (where possible) this be administered at home at breakfast time, immediately after school and in the evening. This is a recommendation by the Royal Children Hospital.

We request all parents check with their child that their 'medication' (as detailed above) was given at school.

Unused medication must be collected from the Office by the Parent/Guardian.