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.