



ADMINISTRATION OF MEDICATION PERMISSION FORM 2023

*In the interest of children's safety and well-being, the school will only administer medication if it is in its original container with the **dispensing label attached**. The label should list the child as the prescribed person, the strength of the drug and the frequency it is to be given. This applies to all medications, regardless of whether they are non-prescription (such as antihistamine, cough medicine, etc.) or prescription medicines (such as antibiotics). See your pharmacist for this sticker before submitting medication to the school. This form is not continual, and medications left at school will be disposed of.*

Child's full name: Child's weight (if known):.....kg

Label attached? YES (continue) / NO (**do not proceed**)

Medicine: Expiry: Dose:

Dosage Start Date: Dosage End Date:

Reason for medication:

Storage requirements: REFRIGERATED / ROOM TEMPERATURE

Time, date & amount of last dose given:.....

I request that the above medication be given in accordance with the instructions on the label. Please enter the date, dosage and time to be given in the table and list any additional instructions not mentioned on the sticker (i.e. side effects, restrictions) in the space below.

Additional information:

.....
.....

Parent's full name:

Signature: Date:/...../.....

PARENT/GUARDIAN TO COMPLETE DATE, DOSAGE, TIME COLUMNS

Date	Dosage	Time to be given	Time actually given	Signature of staff administering medication	Signature of staff cross-checking medication	Comments

