



## ADMINISTRATION OF MEDICATION PERMISSION FORM

*In the interest of children's safety and well-being, the school will only administer prescription 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. The Primary Campus does not stock a supply of any medication for students, each child must bring in their own. This form is not continual, and medications should be collected by the last school day of the year.*

Child's full name: .....

Prescription Medication or Over the Counter? (circle)

**Reason for medication:** .....

Medicine: ..... Expiry: ..... Dose: .....

Dosage Start Date: ..... Dosage End Date: ..... (please collect by this date)

Storage requirements: REFRIGERATED / ROOM TEMPERATURE

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

***I understand that staff can only administer medication in accordance with the instructions on the label. Please 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: ...../...../.....

DOSAGES WILL BE RECORDED BY STAFF AND SAVED IN SEQTA.

### OFFICE USE ONLY.

Scanned: YES

Emailed to teacher: YES

Added to SchoolPro?: YES

Saved to SEQTA?: YES

Date of SEQTA Health Centre entry: \_\_\_\_/\_\_\_\_/\_\_\_\_ (save doses to original entry)