PERMISSION TO ADMINISTER MEDICATION

Please complete and return this form if your child requires medication to be administered during school hours. ALL MEDICATION WILL BE STORED IN AND ADMINISTERED FROM THE SCHOOL SICK BAY.

This form must be handed to either your homeroom teacher or to a member of the office staff complete with the prescribed medication.

Please supply all medications in their original packaging, enclosed in a snap lock bag with your child’s name clearly written on the front. Collection of any unused medication is the responsibility of the parent.

I ____________________________ give permission for a Staff member from St Brigid’s Primary School, to administer medication(s) as outlined below:

CHILD’S NAME: ____________________________________________________________

NAME OF MEDICATION: ______________________________________________________

DOSAGE: ________________________________________________________________

TIME(S) TO BE TAKEN: _____________________________________________________

DATE RANGE: from: ___________________________ until: _________________________

MEDICATION REQUIRES REFRIGERATION: YES NO 

(please circle)

- If non-prescription medication such as an analgesic or anti-histamine is required, please write "as required" in the ‘times to be taken’ section above. Dosage will be administered as outlined on the supplied medication packaging.
- If students require non-prescription medication such as Panadol or Zyrtec, these must be provided by the parent and handed to an office staff member or home group teacher. Students are not to be in possession of any medication while at school.

PARENT/GUARDIAN’S NAME: ________________________________________________

SIGNATURE: __________________________________________________ DATE: _______________