

## Medication Administration

<b>Medication Administration Authorisation</b>				
<p><b>This form should be completed in consultation with the student’s medical practitioner for all medication to be administered at school, and whilst attending excursions or school camps.</b></p>				
<b>Student Name:</b>			<b>Student Year Level:</b>	
<b>Date of Birth:</b>				
Name of Medication/s	Dosage (amount)	How is it to be taken (e.g. oral/topical/injection)	Time/s to be taken	Date/s
<b>Medication storage</b>				
Please indicate if there are specific storage instructions for the medication:				
<b>Medication delivered to the school</b>				
Please ensure that medication delivered to the school:				
<input type="checkbox"/> Is in its original package <input type="checkbox"/> The pharmacy label matches the information included in this form.				
<b>Monitoring medication effects</b>				
Please note: School staff <i>do not</i> monitor the effects of medication and will seek emergency medical assistance if concerned about a student’s behaviour following medication administration.				
<b>Authorisation</b>				
I consent to the administration of the above medications for my child named on this form.				
Parent/Parent Liaison Full Name:				
Parent/Parent Liaison signature:				
Date:				
Name and contact details of Medical Practitioner:				
Medical Practitioner Signature:				
Date:				