



# ST PATRICK'S PRIMARY SCHOOL KOROIT

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## Medication PERMISSION Form

This form should be completed if you wish the staff of St Patrick's Primary School to administer medication to your child while they are at school. All medication must be supplied in its original container and handed to you're the Administration Officer along with this form.

Student Name: \_\_\_\_\_

Year Level: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian/Care Giver Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Medical/ Health Condition: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Dates medication is to be administered: \_\_\_\_\_

Time/s required to be administered: \_\_\_\_\_

Prescribed by Doctor

Unprescribed Medication

Doctor's Name: \_\_\_\_\_

- Medication must be sent to school in the original container clearly showing for whom the medication was dispensed, and other relevant details as provided by the pharmacist.
- It is the parent/guardian/care giver's responsibility to ensure that sufficient and in date supplies of the prescribed medication is available at the school for appropriate administering by school staff.
- It is the parent/guardian/care giver's responsibility to advise the school in writing of any changes to the student's condition or prescribed medication.
- The school staff will record medication as given on the 'Student Medication Record Form' which will be made available to parents for verification should the need arise.

In signing this form I/we fully understand and accept the conditions as outlined above and authorise school staff to administer medication to my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name and Signature: \_\_\_\_\_

