MT TYSON STATE SCHOOL

AUTHORITY TO ADMINISTER MEDICATION

Medication During School Hours

At times it is necessary for children to take medication during school hours. We are aware of this need and are willing to assist you in this situation. However, for the safety of the child, it is of utmost importance that the following form be completed in full. All medication will be administered by staff in the Health Room.

Thanks you for your co-operation.

Date:___________
Parents Name: ___________________________________
Child’s Name: ____________________________________
Parent’s Phone No: ___________________________
Doctor’s Name: _______________________________ Phone No: _______________________
Period of Medication: _____________________________________________________________
Name of Drug/Medication: _________________________________________________________
Time to be administered: __________________________________
Reason / Purpose for medication: _________________________________________________

Please note:
Container must be clearly labelled with the child’s name, dosage and instructions for dispensing. While staff members are prepared to assist in this matter the ultimate responsibility rests with the parent/ guardian.

Signature:   ______________________
Parent/Guardian