



## **SCHOOL MEDICATION PERMISSION FORM**

Dear Parent,

To comply with Department of Education and Training Regulations we require written permission from each child's parent/guardian before we are legally allowed to administer medication to your child. To ensure that these regulations are met we would appreciate it if you could complete the School Medication Permission Form on the reverse of this letter.

This form will be filed and will cover the current school year. If there are any changes in dosage etc. you will need to contact the school and complete another permission form. You will need to complete another form at the beginning of each school year. All medication must be provided in a clearly labelled container which indicates the child's name, name of medicine, dosage required and when medication needs to be administered.

Without this written permission the school will not be able to administer your child's medication.

Yours sincerely,

**Nicky Fammartino**  
**Principal**



STUDENT'S SURNAME: \_\_\_\_\_

## SCHOOL MEDICATION PERMISSION FORM

I give permission for school personnel to administer medication to my child. I understand that it is my duty to contact the school and complete another permission form should the dosage etc. alter from what is indicated below.

Parent/Guardian's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's class: \_\_\_\_\_

Date form completed: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Duration of medication: \_\_\_\_\_

from: \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

Dosage of medication: \_\_\_\_\_

Time of medication to be administered: \_\_\_\_\_

### Daily dosage details:

Date:	Time:	Administered by:

*I hereby give my consent that this medication be administered to my child, as I have directed here. I further consent that medical attention may be sought for my child, should it be deemed necessary.*

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_