



# Back to School Kit 2014



## SCHOOL MEDICATION PERMISSION

To comply with Department of Education and Early Childhood Development regulations, and to ensure the safety of your child whilst at school, we require written notification of any medical condition your child has which might require special treatment at school.



We require a written permission form 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 below.

All medication must be provided in a clearly labelled container which indicates your 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.***

## BIMBADEEN HEIGHTS PRIMARY SCHOOL MEDICATION INFORMATION AND PERMISSION FORM 2014

FAMILY NAME: \_\_\_\_\_

***I authorise a representative of Bimbadeen Heights Primary School to administer or to supervise the administering of the medication in accordance with the instructions listed below:***

NAME OF CHILD: \_\_\_\_\_ GRADE: \_\_\_\_\_

Name of prescribing doctor: \_\_\_\_\_

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

Form of medication (eg. Tablet, syrup etc): \_\_\_\_\_

Date(s) on which medication is to be administered: \_\_\_\_\_

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

Time(s) at which the medication is to be administered: \_\_\_\_\_

**PLEASE NOTE:** Medication will **NOT** be administered without this form being fully completed. Please ensure medication remains in its original packaging. It is the responsibility of the parent or guardian to keep information current and accurate.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_