Sunbury West Primary School



**Short Term Medication Authority Form**

**CHILD’S DETAILS**

Name: Grade:

Name of Medication:

Reason for Medication:

*NB: If a child is to take more than one medication a separate permission note must be completed for each medication.*

**PARENT / GUARDIAN CONSENT DETAILS**

Name:

I authorise Sunbury West Primary School Staff to administer medication to my child as detailed below.

Signature: Date:

Contact Number:

Type of medication: (Please tick)

Tablet Capsule Liquid Paracetamol Drops Other:

Dosage:

**These are the only times medication can be administered. (Please tick)**

11.10am 12.00pm 2.00pm

Duration: This medication is for today only (date: )

 This medication is from to

Special storage requirements: (eg Refrigerated)

Notes:

***As per the Department of Education’s Medication Policy, when administering prescription medication on behalf of parent/carers, the written advice received must be supported by specific written instructions on the original medication bottle or container, such as that on the pharmacist’s label noting the name of the student, dosage and time to be administered.***