AUTHORISATION FOR TEMPORARY MEDICATION

This form is to be completed whenever a temporary medication is introduced (e.g. antibiotics, paracetamol, antihistamine etc.). Staff will not be able to administer medication unless this form has been completed, signed

and the original medication packaging with a pharmacy label on it is produced. Initial doses of medication will not be administered at school. Staff are not able to monitor effects. PARENTS SIGNATURE: DATE: YES / NO (cross out non applicable) Does the student currently receive medication at school? What is the temporary medication to be administered? What are the dosage details of the temporary medication? What date is the temporary medication to commence? What date is the temporary medication to cease? OFFICE USE: ð Pharmacy Label Present ð Staff in Classroom Notified Medication given: am/pm Time: Given By: Initial: Collection Witness: Collection Witness: Time: am/pm Given By: Initial: Initial: ___ am/pm Time: Given By:__ Initial: __ Collection Witness:__ Initial: Given By:__ Initial: _ Collection Witness: ____ am/pm Time:__

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STUDENT:	DATE OF BIRTH:	Room:	
PARENTS SIGNATURE:	DATE: _		
Does the student currently receive medication at school	?	YES / NO (cross out non applicable)	
What is the temporary medication to be administered?			
What are the dosage details of the temporary medicatio	n?		
What date is the temporary medication to commence?			
What date is the temporary medication to cease?			

OFFICE USE: ð Pharmacy Label Present ð Staff in Classroom Notified Medication given: Time: _____ am/pm Given By: _ Collection Witness: Time: _ Initial: ____ Collection Witness: _ am/pm Given By: Initial: ____ am/pm Given By:___ Initial: ____ Collection Witness: Time: Initial: Initial: ____ Collection Witness: ___ am/pm Given By:___ Time: Initial: Initial: ____ Time:___ ___ am/pm Given By:__ Collection Witness:____ Initial: Given By: __ Initial: ____ Collection Witness: ___ Time: _ am/pm Initial: _ am/pm Given By:__ Initial: _ Initial: Time: Given By:___ Time: _ am/pm Initial: Collection Witness: Initial: Initial: Collection Witness: _ am/pm Given By:__ Initial: Time:__