

MEDICATION AUTHORISATION – SHORT TERM MEDICATION

Instructions

Wherever possible, medication should be given to students outside of school hours and/or should be administered the first time away from the school environment and the student observed for 24 hours before return to school.

This form is used to record the request, by a parent/carer, for the school to administer **short term medication, eg antibiotics for 7 days**. Medication is required to be in its original container, clearly showing the script information including the name of the medication, dosage and any administration instructions, the prescribing doctor's name, and the expiry date of the medication. The label should be easily readable.

Requests for the ongoing administration of medication should be made on the Medical Authorisation – Ongoing Medication form, which can be downloaded from the Malkara School website →Information →Medical Information, or contact the office for a form.

Section 1 – Parent/Carer Authorisation

Parent/Carer authorisation:

I hereby request that school staff administer medication to my child at school or during school related activities, as specified below:

| Student Name | Name of Medication | Dosage and times to be administered |
|---|---------------------------------------|-------------------------------------|
| | | |
| Last date medication to be administered | Parent/Carer Name and contact details | Parent/Carer Signature |
| | | |

Section 2 – Staff Administration Record

| Date | Time | Dose | Signature 1 | Signature 2 |
|------|------|------|-------------|-------------|
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