



Station Street, Romsey Victoria 3434
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ABN: 30 110 472 619
Principal: Mrs Melanie Stewart
School Council President: Danielle Gillham

Permission to Administer Medication

Please only complete the sections below that are relevant to the student's health support needs.

If additional advice is required, please attach it to this form.

Please note: wherever possible, medication should be scheduled outside school hours. For example - medication required three times daily is generally not required during a school day – it can be taken before and after school and before bed.

Date: _____

_____ give permission for my child,
_____ of year _____ to be
given the following medication as per the details below.

Medication Name: _____

Is this medication short term? YES / NO Start Date: _____ End Date: _____

Is this medication long term? YES / NO Start Date: _____ Review Date: _____

Have they had this medication before? YES / NO Dosage: _____

When to be administered: _____

Specific storage instructions: _____

Administered for treatment of: _____

Parent name: _____ Signature: _____

Phone Number: _____

Monitoring effects of medication

Please note: School staff **do not** monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

Medication delivered to the school

Please ensure that medication delivered to the school:

- Is in its original package?
- Does the pharmacy label matches the information included in this form?
- Is the student's name on the medication or labelled correctly?
- Is it in date? Medication Expiry Date: _____

Checked by: _____
(Print name & Sign)

Date: _____