MEDICATION PERMISSION FORM

(*for a student who requires medication whilst at school*)

I _____ (*parent/guardian name*) give my permission for the staff of Karoo Primary School to administer to my child _____(*insert child's name*) in class_____ the following medication/s:

MEDICATION NAME:	**MEDICATION NAME:**
Dosage:	Dosage:
Time/s required:	Time/s required:
Dates required: ☐Start date / / to end date / / ☐ Ongoing	Dates required: ☐Start date / / to end date / / ☐ Ongoing
Refrigeration required ☐ Yes ☐ No	Refrigeration required ☐ Yes ☐ No
Medication must be is in its original packaging	***Medication must be is in its original packaging***

Please list any other relevant information regarding your child's medication/s or medical condition:

_____

_____

Please Note:

- This form should be completed by the parent/guardian for all medication to be administered at school with the exception of :
  - Asthma medication (Karoo's School Asthma Action Plan should be completed instead)
  - Allergy medication (an ASCIA Action Plan for Allergy should be completed instead)
  - Anaphylaxis medication (an ASCIA Action Plan for Anaphylaxis should be completed instead)
- Wherever possible, medication should be scheduled outside the school hours, e.g. medication required three times a day is generally not required during a school day: it can be taken before and after school and before bed.
- Medication provided to the school must be in its original packaging and any pharmacy label must match the details on this form.
- School staff *do not* monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

Signed:_____(*Parent/guardian*) Dated: / /

OFFICE STAFF TO COMPLETE MEDICATION LOG OVERLEAF WHEN MEDICATION ADMINISTERED

KAROO PRIMARY SCHOOL

Karoo Rd, Rowville, 3178 | Ph: (03) 9759 6222 | Email: karoo.ps@edumail.vic.gov.au

MEDICATION ADMINISTRATION LOG

This log should be completed by the staff member administering medication

Child	Date	Time	Medication Details		Tick when checked			Staff administering	
			Name of med	Dosage	Correct child?	Correct meds?	Correct dose?	Staff Name	Initial