

MEDICATION FORM

At time it is necessary for children under doctor's instructions to take medication at outside school hours, while children are still under our care. We are aware of this need and are willing to assist you in this situation.

However, for the safety of the child, before medication is given: (Please indicate)

- A Permission Form has to be completed by a parent/guardian Yes No
- A doctor's written authorization and instruction along with any special arrangements suggested (e.g. monitoring the student after administration, restriction on participation in activities, side effects, emergency action) has to be presented when required Yes No
- A medication labeled by a pharmacist that clearly states: Yes No
 - The name of the child ;
 - The name of the medical practitioner
 - The name of the medication and it 'used by date'
 - The dosage and times for it and instruction for dispensing.
- Medical Plan provided (when applicable) Yes No

All medications will be given by the supervising staff members and co-signed by a witnessing staff member. Please note, while SACCS is prepared to assist in this matter, the ultimate responsibility rests with the parent.

To avoid any unwanted reaction (i.e. allergic reaction) parents/guardian **must** administer the first dose of medication prior to bringing the child to the centre.

MEDICATION AUTHORITY FORM
From parent/carers with legal responsibility for the student while he/she attends SACCS

This Medication Authority is valid only for the duration as specified by the prescribing doctor, unless this is permanent medication where special negotiation will take place.

A new Permission form must be completed:

- If the dose or type of medication is altered:
- If the regime is re-started following the conclusion date of the instructions from the medical practitioner provided
- At the beginning of each calendar year

Please note: this form is only valid when accompanied by a letter with instruction from your medical practitioner.

Child's Full Name:		Age:	Class:	DOB	
Named of Parent/Guardian:		Residential Address:		Medicare Number:	
Residential Telephone:	Business Telephone:		Mobile Telephone:		
Email Address:			Relationship to child:		
Medication Details:					
Name of Medication:		Reason for Medication:			
Dosage to be given:	Date prescribed:		Expiry Date:		
Date and Time to be given:	Have you administered the 1 st dose of this medication: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Date and Time medication last given			Storage instructions:		
Would the child requires medication during school time		Yes			No
would you authorise the school to release the relevant information		Yes			No
Prescribing Doctor's Name:	Address:		Telephone:		
Instructions: (e.g. oral, inhaler, before food / with food / after food)					

I hereby authorise medication to be given to my child, as per details provided above.

Signed _____ Date _____
 (Parent or person with legal responsibility for the student)

Staff member receiving medication: Name and Signature: Date: