



HOLY CROSS SCHOOL

ABN 49 991 006 857 - 125
40 Morris Street, Woolloowin Qld 4030 - Ph (07) 3857 2443 Fax 3357 9532

STUDENT MEDICATION AUTHORITY

All medication must be in a container labelled by a pharmacist/dispenser, showing the name of the drug, the “use by” date, the name of the student’s medical practitioner, the name of the student, the dosage and the frequency of administration.

No staff member will administer oral medication such as analgesics and over-the counter medication that have not been authorised by the student’s medical practitioner.

Authorisation for Holy Cross School to administer medication to my son/daughter as indicated below:

STUDENT NAME: _____ GRADE: _____

DATE OF BIRTH: _____

I, as parent/legal guardian of the student mentioned above, request and authorise the following medication to be administered to my son/daughter.

NAME OF MEDICAL PRACTITIONER: _____

NAME OF MEDICATION: _____

TYPE OF MEDICATION: _____

TIME/S MEDICATION TO BE GIVEN: _____

AMOUNT OF MEDICATION TO BE GIVEN: _____

INSTRUCTIONS CONCERNING THIS MEDICATION (eg must be taken with food; if medication time missed)

I warrant that the medication provided to the School with this authority is that as described above.

I realise that any information regarding changes to medication including type, dosage, etc must be forwarded to the School in writing.

I realise that it is my responsibility to maintain an adequate supply of this medication at the School and that the School cannot be held responsible for any misuse of any medication by my child, including that supplied to the School by my child.

I realise that it is my child’s responsibility to come at the appropriate time and take the medication.

This form remains valid until overturned in writing.

NB For children on long term medication, parents are expected to provide the School with a weekly or monthly tablet dispenser and to refill it when due. This ensures that no confusion occurs in the daily medication of your child. For children on long term medication, the container maybe other than the original container supplied by the chemist.

Parent/Guardian Signature: _____ **Date:** _____

Medical Practitioner’s Signature: _____ **Date:** _____