



Medication Permission Form



This form must be completed for all medication to be administered to students during school hours. It has been designed to ensure the safety of your child and to protect school staff who do not have medical training. For those students requiring asthma medication, an *Asthma Plan* should be completed instead. For those students requiring anaphylaxis medication, an *ASCIA Action Plan for Anaphylaxis* should be completed instead.

A new form is to be completed if the student is prescribed a change in medication, and/or if the regime is re-started after the conclusion date of the initial instructions and/or the beginning of each new school year.

Student Name: _____

Date of Birth: _____ Year Level: _____

Please Note: wherever possible, medication should be scheduled outside school hours, e.g. medication required 3 times a day is generally not required during a school day: it can be taken before and after school and before bed.

Name of Medication/s:	
Prescribed for: (name of medical condition)	
Prescribing Health Practitioner:	
Dosage (eg: 5ml)	
Route of Administration (eg: oral, by injection)	
Time/s to be taken:	
Storage Instructions:	
Commencement Date:	
Conclusion Date:	
Are there any likely side effects from this medication:? (if yes, please describe)	
Special Arrangements (eg: restriction of activities)	

