



ADMINISTRATION OF PRESCRIBED MEDICATION 2023

This form is designed to assist with maintaining your child on his/her prescribed medication. If at anytime the prescribed medication is changed or stopped, you must notify school staff immediately. Please complete the form and return ASAP. Thank you

I, _____ (Parent/Guardian) authorise the administration of the following prescribed medication/s for my student;

Student Name: _____ Date of Birth: _____

Medication	Dosage	Time	With/Without Food

ALL LIQUID MEDICATIONS MUST BE SENT TO SCHOOL IN PHARMACY LABELLED CONTAINERS AND ALL TABLETS TO BE IN WEBSTER (BLISTER) PACKS WITH THE STUDENTS NAME CLEARLY PRINTED

Authority is for the medication to be administered by Teaching/SLSO personnel at Newcastle Senior School.

NOTE: Over the counter medication

DoE staff are trained to administer prescribed medications only, therefore any medication given at school must be approved for use either by prescription or a **Non-prescribed Medication Form must be completed and signed from your Medical Professional**, identifying the over-the-counter medication and appropriate dosage for your child. No other medication will be administered.

ALLERGIES and OTHER MEDICAL CONDITIONS (eg ASTHMA, DIABETES, EPILEPSY)

Does your child have any allergies? If yes, please complete the attached form.

Please circle **YES** **NO**

Medical conditions and severe health risks such as Anaphylaxis, Severe Asthma, Diabetes and Epilepsy, must be diagnosed and supported by a Health Plan (**please provide copy**) which has been completed and signed by a general practitioner.

Parent/Carer Name

Parent/Carer Signature

Date