


Murwillumbah East

Primary School



Prescribed Medication Consent Form

This form is available for parents to use, to ensure staff can safely administer prescribed medication/s to students.

Parents should submit all or any **instructions in writing** for regular use of medication. If the instructions are in writing and signed by the parent or carer, then we are legally permitted to administer prescribed medications to your child. Please make sure you also include an accurate **measuring cup** from home for any liquids or suspensions. Medication for students must be kept in the office, or our refrigerator, to be administered by appropriately trained SAS staff members.

All medication sent to school must be in the **original container** and clearly labelled with the **chemist's prescribing sticker** intact and stating:

- Student's name
 - Name of medication – including number of tablets
 - Dosage (eg. 10ml; or 1x250mg tablet) and
 - The time to be administered/taken
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Prescribed Medications Consent Form

Student's name _____

Name of medication _____

Mg (each tablet) or mls in total _____

Number of tablets (if opened) _____

Dosage (eg. 10ml; or 1 x 250mg tablet) _____

The date/s and time/s to be administered/taken:

Signed: _____ Date _____

Daytime contact Ph: _____