



St. Simon the Apostle Primary School

2 TAYLOR'S LANE, ROWVILLE, VICTORIA, 3178

TELEPHONE: 9755 4222 FAX: 9755 4255

ADMINISTRATION OF MEDICATION

NAME OF CHILD: **YEAR LEVEL:**

For any type of medication that your child needs to take during school hours, please provide the following information:

PARENTAL PERMISSION TO ADMINISTER MEDICATION

I (parent/guardian) give permission for medication to be administered to my son/daughter (child's name)

DETAILS OF MEDICATION

NAME OF MEDICATION

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REASON FOR MEDICATION

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DOSAGE

Date/s: Time/s:

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Parent/Guardian Signature:.....

PLEASE NOTE

- 1) Medication should be in a suitable container.
- 2) Medication should be clearly labelled.
- 3) Children should never be responsible for their own medication.
- 4) All medications will be kept in a secure cupboard.
- 5) All medication should be forwarded to your child's classroom teacher accompanied by a notice.
- 6) Children, especially in the older classes, need to take some responsibility for remembering to take medication.