

Monash Special Developmental School

Temporary Medication Authorisation

If your child has any medication (ie. antibiotics, ear drops, pain medication) that needs to be temporarily administered at school please complete the following:

Student Name: _____

Date of Birth: _____

Doctors Name: _____

Name of Medication: _____

Dosage to be administered: _____

Time the medication to be administered? _____

How is it to be administered? (ie mixed with water, given with food, via syringe, swallow tablets)

Date to start medication _____/_____/20_____

Date to stop medication _____/_____/20_____

Signed Parent/Guardian: _____

Print Name: _____ Contact Number _____

Date: _____

PLEASE NOTE:

All medication brought to school must be in the original packaging clearly labelled with the students name and the name of the medication, with the dose and time required for administration,

ALL DETAILS MUST BE COMPLETED