



Medication Administration Permission for School and Child Care

The parent/guardian of _____ ask that the school staff give the following medication _____ (name of medication and dosage) at _____ (time(s)) to my child, according to the instructions on the lower part of this form.

Prescription medication must come in the original container that it was dispensed in labelled with: child's name, name of medicine, time medicine is to be given, dosage, the date medicine is to be stopped, and Doctor's name. Pharmacy name and phone number must also be included on the container.

Over the counter medication must be labelled with the child's name, dosage must match the recommended guidance on the packet, and medicine must be packaged in original container.
(NURSERY ONLY)

St. Clare's agrees to administer medication prescribed by a licensed health care provider with prescriptive authority. The parent agrees to pick up expired or unused medication within one week of notification by staff. All medication(s) that are left at the school will be discarded according to the most current state regulatory recommendations for safe medication disposal.

Parent Authorisation

Child's name _____ Date of Birth _____

Medication _____ Dosage _____

To be given at the following time(s) _____

Special instructions _____

Purpose of medication _____

Side effects that need to be reported _____

Starting date _____ Ending date _____

Parent/Guardian's Name _____

Signature: _____ Date _____

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with school staff delegated to administer medication.