



# Lysterfield Primary School

# Medication Authority Form

for a student who requires medication whilst at school

## PARENT / GUARDIAN DETAILS

Parent/Guardian's name: \_\_\_\_\_

I hereby authorise the staff of Lysterfield Primary School to administer medication to my child as detailed below. **I understand the Medication needs to be in it's original packaging and the Pharmacy label needs to match the information detailed below.**

Contact number/s during school hours: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CHILD'S DETAILS

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

**Type of Medication:** (please circle) :    Tablet            Capsule            Elixir            Spray  
Drops            Puffer            Cream            Other: \_\_\_\_\_

**Dosage:** Amount to be given: \_\_\_\_\_    **Time last dose was given:** \_\_\_\_\_

- Frequency:**
- At 12.00 noon
  - At 1.00pm (With Lunch)
  - Every \_\_\_\_ hours
  - Once a day at \_\_\_\_\_ (time)
  - Other \_\_\_\_\_

**Duration:**  This medication is for today only (date: \_\_\_\_\_)

This medication is ongoing from \_\_\_\_\_ to \_\_\_\_\_

**Medication pickup:**  I will pick this medication up from the office after school

Please send this medication home with my child after school

**Storage:** (Please indicate if there are specific storage instructions for this medication)

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