NSW GOVERNMENT Education & Communities

Balgowlah Heights Public School

Administration of Medication at School 2020

Student's Name: _____ **Class:** _____

Prescribed medicine to be administered: _____

Special Instructions: _____

Frequency or dosage: _____

Duration of request: **From:** _____ **To:** _____

I _____ (parent/caregiver) give permission for Balgowlah Heights Public School to administer the prescribed medication to my child as outlined above. I will inform the school in writing when medication is to cease or change.

Signature: _____ Date: _____

Request approved: _____ (Principal) Date: _____

Medicine that is to be administered during school hours should be given to the **Western Campus Administration Office.**

The prescribed medication **must be contained in a pharmacy labelled container** detailing the **student's name and the prescribed dosage**. Medication will NOT be administered without a signed Administration of Medication at School Form.

The Admin staff will supervise the administration of the medication, but will not be responsible for ensuring the student comes to the office. It is therefore recommended that parents or caregivers **also inform the class teacher that medication is required.**

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