

## STOCKDALE ROAD PRIMARY SCHOOL MEDICATIONS AUTHORITY FORM

If your child requires medication during school hours the following authority form needs to be completed and returned to the school before teachers are able to dispense any medication.

All medications will be stored in the office as set out in The Student Medications Protocol.

Supply of sufficient medication is the responsibility of parents\ guardians at all times. Delivery of medication is to be made by parents to the office for storage, it is not to be delivered by students.

To be completed by Parent/Guardian or doctor

**Student's Name:** \_\_\_\_\_

Grade: \_\_\_\_\_ Year: \_\_\_\_\_

Teacher: \_\_\_\_\_

1. Medical Treatment required during school hours:

Dosage: \_\_\_\_\_

**Time/s:** \_\_\_\_\_

2. Medical Treatment and/or action required if condition deteriorates.

\_\_\_\_\_

3. Name of emergency contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_