



# PALMERSTON DISTRICT PRIMARY SCHOOL

## PERMISSION TO ADMINISTER MEDICATION

Child's name: ..... DOB: .....  
 Address: ..... Phone (H): .....  
 ..... Phone (W): .....  
 Emergency Contact: ..... Phone: .....

This authority is prepared in accordance with ACT Department of Education & Training & Youth & Family Services Bureau policy: *Health & Safety—Administration of Prescribed Medication, Catheters and Injections to Students*. Bulletin No. 665 of 20 March 1997. This form requests information about students, which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant offices in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Department of Education & Training and Children's Youth & Family Services Bureau.

### Statement of Condition (please print)

.....  
 .....

Letter of instruction from medical practitioner attached  Yes  No

**Please Note: All prescription medication must be accompanied by a letter of instruction**

### Medication (please print)

Name: .....

Dosage: .....

Time(s) to be administered: .....

### Parent or Guardian Consent

I ....., give permission for the staff of Palmerston District Primary School to administer ..... to my child as directed above.

This consent is valid for the above medication only.

Signature ..... Parent/Guardian Date: .....

Staff Member: ..... Signature .....

### Principal

I authorise administrative, teaching assistant and executive staff members of Palmerston District Primary School to administer medication to this student as specified in this authority, and also teachers when the student is out of the school on excursions etc.

Principal Signature: ..... Signature .....