Hahndorf primary school | preschool

Government of South Australia
Department for Education

MEDICATION AUTHORITY – SHORT TERM

CONFIDENTIAL

To be completed by the parent/caregiver

This information is confidential and will be available only to supervising staff and emergency medical personnel.

Written authorisation from parents/ carers: parents/ carers can provide written authorisation for medications that are administered for no more than a total of 5 days over a 4 week period (short term)
(Examples of short term medication include: completion of a course of antibiotics, camps and sleepovers.)

Name of student: …… Date of Birth: ……..…..

MEDICATION INSTRUCTIONS *(please print clearly)*	**TIME** *(please tick administration time(s))*
Medication Name *(include generic name)*	☐ 9.00am ☐ 9.30am ☐ 10.00am ☐ 10.30am ☐ 11.00am ☐ 11.30am ☐ 12.00pm ☐ 12.30pm ☐ 1.00pm ☐ 1.30pm ☐ 2.00pm ☐ 2.30pm
Form *(ie liquid, tablet, capsule, cream)*	
Route *(eg oral, inhaled, skin)*	
Strength	
Reason for administration *(eg migraine, cramps, doctor's note)*	
Date *(if appropriate)*	

Note: if symptoms persist staff may seek emergency medical advice.

This plan has been developed for the following services/ settings:

☐ School/education ☐ Excursions/ camps/ aquatics ☐ Other *(please specify)*

I have read, understood and agreed with this plan and any attachments indicated above. I approve the release of this information to supervising staff and emergency medical personnel.

…….. ……..…….

Parent/ guardian name ***Signature*** ***Date***

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