



## Permission to Administer Non-Prescription Medication

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

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PBC cannot administer over-the-counter medications, including analgesics, homeopathic or prescribed medications, unless met by the guidelines stated below.

The following procedures must be followed:

1. Complete this form to enable the school to administer the prescribed medication or to assist in the management of a health condition
2. Provide the medication in the original, labelled container to the nominated staff member
3. Ensure the medication is not out of date and has an original pharmacy label with the students name, dosage and time to be taken
4. Advise the school (in writing) and collect the medication when it is no longer required

**Section A – Health Care Management – to be completed by the parent/guardian** Nature of your child's health condition:

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### Section B – Medication Instructions

	Medication 1	Medication 2	Medication 3
<b>Name of Medication</b>			
<b>Expiry Date</b>			
<b>Dose/frequency</b>			
<b>Durations (dates)</b>	<b>From:</b> <b>To:</b>	<b>From:</b> <b>To:</b>	<b>From:</b> <b>To:</b>
<b>Route of Administration</b>			

Please note the school does not keep a supply of painkillers (Panadol or other medication) for student use.

Exceptions to this requirement include a 'reliever puffer', such as Ventolin, which must be included in separate guidelines for the treatment of asthma.

### Section C – Authority to Act

I/we authorise school staff to provide non-prescription medication to my/our child in accordance with the above plan. It is valid for one year or until I/we advise the school of a change in my/our child's health care requirements.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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