

**SUNBURY AND MACEDON RANGES SPECIALIST SCHOOL**

**2024**

**AS REQUIRED MEDICATION PERMISSION FORM**

Name .....Date.....

Medical Condition .....

Symptoms to alert staff that medication is required

.....  
.....  
.....  
.....

Name of Medication.....

Dosage (Amount).....

Frequency medication can be administered .....

In the event of an emergency the following individuals are to be contacted

Emergency Contact Nos.

Home .....

Work .....

Doctor .....

Medicare No. ....

I have sent the medication to school together with written instructions from a Medical Practitioner or Pharmacist. I acknowledge that staff will contact me prior to administering this medication to check it has not been given already on the same day.

Parent Signature..... Date.....