

SUNBURY AND MACEDON RANGES SPECIALIST SCHOOL

2024

DAILY MEDICATION PERMISSION FORM

NameDate.....

Medical Condition

Implications for the student's management at school

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Name of Medication.....

Dosage (Amount).....

Time to 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 in the dosette box provided by the school together with written instructions from a Medical Practitioner or Pharmacist. I agree to refill the dosette box each weekend and hand it back to a bus chaperone or school staff the following week. I agree to notify the school immediately of any change to medication that occurs at school.

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