



St. Joseph's Catholic Primary School
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Administration of Medication Form

Please complete the Authorisation below. If you have any queries, please contact the classroom teacher or Principal.

Please note: wherever possible, medication should be scheduled outside the school hours, e.g. medication required three times a day is generally not required during a school day. It can be taken before and after school and before bed.

MEDICATION FOR STUDENTS

I _____ authorise the school's nominated person/s to administer the following medication to my child _____ in year _____.

Name of Medication _____

Reason for Medication _____

Dosage _____ Time _____

Duration (if short term) _____

I understand that all information completed on this form will be confidential and that the nominated persons will endeavour to administer this medication according to my wishes.

Signed _____ **PARENT/GUARDIAN**

Address _____

Telephone Number/s (Home) _____ (Work) _____

Mobile _____

Dated _____

- Collection of medication at the end of the school day is the responsibility of the parent.
- *If your child has had something like 'flu' or gastric upset you would be advised to keep him or her home until the prescribed course of medication has been completed. School is no place for a sick child!!*