



*Aim High*



ALBION PRIMARY SCHOOL  
No. 4265

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### Authority to Administer Medication

Dear Parents,

From time to time it is necessary to send medications to school with your child. To ensure that the correct dosage is given at the correct times it is essential that the following form be completed and sent to the school Office with the appropriate medicine. As there may be a number of students on medication at various times all medicine should be clearly labelled with your child's name, grade and frequency of dosage. It is important that your child is aware that he/she needs to have medication so that he/she can report to the office at the appropriate time.

*Please note: medication will not be dispensed unless the school receives written instructions from the parent/guardian.*

Child's Name .....

Class .....

Medication	Dosage	Time/s to be Administered (Lunchtime)	Received by	Administered by	Time Administered	Dosage Administered
			(Office Use Only)			

I ..... give my permission for my child .....

*(Parent name)*

*(child's name)*

to be given the medication as detailed above. This medication is to be administered on the following dates \_\_\_/\_\_\_/\_\_\_ until \_\_\_/\_\_\_/\_\_\_.

Signature..... Date .....