



ENGADINE PUBLIC SCHOOL
1A Waratah Road, Engadine NSW 2233
PO Box 42, Engadine NSW 2233
T 9520 8559 F 9548 1186
www.engadine-p.school@det.nsw.edu.au

Permission to Administer Medication/Support at School

I hereby give permission for Engadine Public School to administer the below long term medication prescribed by our doctor, as per the instructions below:

Name of Student: _____ Class: _____

Name of Condition: _____

Symptoms: _____

Name of Medication: _____

Time to be given: _____ Dosage to be given: _____

How is it administered? Crushed Taken whole Other (give details)

Please provide a personal crusher, if required. Half or quarter tablets must be pre-cut by parent using a pill cutter – please do not snap medication as this does not always give an accurate dose.

Please note that all medications must be provided in the original chemist's packaging stating the correct dosage, name of child and medication prescribed by the doctor. All medication must be handed to the office by an adult. Please do not send medication in your child's bag.

Authorisation by parent/caregiver: _____

Date: _____