



International Grammar School OSHC Medication Authority Form

Date: _____

Child's full name: _____ Date of birth: _____

Name of medication to be administered: _____

Expiry Date of Medication: _____ Dosage of medication: _____

Date: _____ (and) Time/s: _____ the medication is to be administered.

Storage Requirements: _____

Medical practitioner's name prescribing the medication: _____

Medical practitioner's address: _____

Medical practitioner's phone number: _____

Brief health summary or reasons for medication and side effects to monitor for: _____

Special instructions on how the medication is to be administered: _____

Authorisation:

I _____ (parent/guardian) authorise IGS OSHC staff to administer the following medication to my child as per the information provided above: _____

I understand the potential risks and side effects of this medication for my child.

Parent/guardian name: _____ Parent/guardian signature: _____

Time: _____ am/pm Date: _____

Medication received and checked by:

Staff name: _____ Staff signature: _____

Time: _____ am/pm Date: _____

Responsible Person name: _____ Responsible Person signature: _____

Time: _____ am/pm Date: _____

Parent's and/or guardian's please note:

Medication can only be given to a child if the medication is in its original container. In the case of prescription medication, this can only be administered to the child for whom it has been prescribed, from a container bearing an original pharmacy label showing the child's name and administered before the expiry or use by date, and in accordance with the doctor's instructions.

In the case of non-prescribed, homeopathic, herbal or naturopathic medication, this will only be administered if it is in a container with a label containing the child's name, name of the medication and administered before the expiry or use by date, and accompanied by instructions or a letter from the registered health professional who dispensed it or recommended it.