



# FYANS PARK PRIMARY SCHOOL

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## MEDICATION FORM

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

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!!*