



**St Monica's**  
PRIMARY SCHOOL WODONGA

## AUTHORISATION TO ADMINISTER MEDICATION

I, \_\_\_\_\_ (*parent/guardian name*) authorise a member of St. Monica's Primary School staff to administer the following medication to my child:

CHILD'S NAME: \_\_\_\_\_

CHILD'S CLASS: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_

AMOUNT TO BE ADMINISTERED: \_\_\_\_\_

TIME TO BE ADMINISTERED: \_\_\_\_\_

DAY & DATE TO BE ADMINISTERED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

**\* Please note that all medication held at the school is to be kept in its original packaging with the child's name and required dosage clearly marked on the box/bottle.**

**\*\* Analgesics (Panadol/Nurofen/ Asprin etc cannot be administered to children by staff at school.)**

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