



AXEDALE PRIMARY SCHOOL
"Excellence Through Endeavour"
No. 1008
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Principal – Corrina Hartland
Respect, Personal Best, Resilience, Cooperation



Medication Authority Form

For a student who requires medication whilst at school

Student's Name: _____ Grade: _____

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 required:					
Name of Medication/s	Expiry Date	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg orally / topical / injection)	Dates
					Start date: / / End date: / / <input type="checkbox"/> Ongoing medication
					Start date: / / End date: / / <input type="checkbox"/> Ongoing medication

Medication Storage

Please indicate if there are specific storage instructions for the medication:

Please ensure that medication delivered to the school is in its original package and the pharmacy label matches the information included in this form.

Name of Parent/Carer: _____

Signature: _____ Date: _____