



AUTHORISATION/ NOTIFICATION OF MEDICATION VARIATION

This form is to be completed whenever there is **any change to medication dosages**, or if any **new medication** is prescribed.

It is important that the Principal and staff are aware of any medication alteration during the year even though the medication may only be administered at home.

Teachers will not be able to administer medication unless the original emergency information contains details of the medication **OR** unless this form has been completed and signed.

Name of Student: _____

Please include medication taken at home as this information is required in case of an emergency

New medication

Name & dosage [eg, Advil, 200mg, 2 tablets at 8am & 2 tabs at 4pm daily]

Medication/dosage changed or discontinued (please circle)

Name & dosage

Signature of parent or carer. _____

Date _____