

WCCS Medication Authority - 2025

Parent/Carer authority for WCCS staff to give medication when needed



**WILLIAM CAREY
CHRISTIAN SCHOOL**

Please note that a new permission form is required every year. Complete one form per child.

Student Details

First Name:	Surname:	Grade:
Known medical condition/s:		
Medication allergy:		

Emergency Contact

1st contact parent/guardian Name:		Relationship to child:
Mobile:	Work:	Home:
Emergency contact (other than parent) Name:		Relationship to child:
Mobile:	Work:	Home:

Medication Provided by Parent/Carer - to be stored in Health Centre

Medication name:	Medication name:
Medication for:	Medication for:
Dose to be given:	Dose to be given:
When to be given:	When to be given:

School Health Centre Medication

Please indicate with a tick which of the following medication/s you give permission to be administered:

- paracetamol (brand name e.g. Panamax, Panadol) for pain relief or high temperature
- ibuprofen (brand name e.g. Rafen, Nurofen) for pain relief - **note: ibuprofen provided in tablet form only**
- antihistamine (brand name e.g. Loratadine, Claratyne) for allergic reaction/hayfever

Signed Consent

I understand that William Carey Christian School accepts no responsibility for any complications arising from the administration of medication, for which I have given authority to be given on my behalf. I release the school from and will indemnify the school in respect to any claim my child may have against the school out of complications suffered by my child as a result of such administration of medication. **This Medication Authority will lapse on 21st February 2026.**

Parent/Carer signature:

Date:

