



Request by a Parent/Guardian for the Temporary (eg 1-5 days) Administration of Prescribed Medication during school hours

Parents/Guardians should explore with the Prescribing Doctor whether medication is available in a form which minimises or eliminates the need to provide the medication during school hours, or whether the administration regime can be altered to achieve a similar outcome.

Date: _____

Student's Name: _____ Class: _____

Period of Treatment: From: / / to / /

Prescribing Doctor and
Contact Phone Number: _____

Medical Condition
requiring Medication: _____

Name of Medication	Dosage	Time(s) of Administration

Special Instructions (if any): _____

Conditions: Prescribed medication will only be given to children with the written permission of parents. Medication for your child must be supplied in its original container. It should be clearly labelled with your child's name, the name of the medication, dosage and frequency of administration. Appropriate equipment for administration is to be supplied by the parent. Medication is required to be delivered to and collected from the school office by a parent. For safety reasons, medication is not permitted to be carried by children.

I accept and agree to observe the conditions (as stated above) by the school and understand and agree that it is my responsibility to inform the Principal of any changes involving the administration of the medication.

Parent/Guardian Name: _____
(please print)

Parent/Guardian Signature: _____

Daytime Contact No: _____

