

Request for Administration of Prescribed Medication

First name: Last name:

Date of Birth:

Doctor's name/medical centre:.....

Doctor's address:

Doctor's phone number:

Request for administering prescribed medication to the student

Name of prescribed medication:.....

Prescribed for (name of medical condition):

Prescribed dosage:

Expiry date of the medication:

Note: if you can't provide this information now we will need to know the expiry date when the medication is given to the school.

Special storage requirements if any e.g. in refrigerator:

.....

Special instructions for administering the prescribed medication/s e.g. must be taken with food or with a glass of water:

.....

Note: Where possible, the medication should be provided to the school in its original pharmacy packaging.

at school.

If yes, please describe where and how your child will carry this medication, for example, my child will carry it on their person in a medical pouch or bum bag.

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Note: Your child's medication should be clearly labelled with their name.

Parent or carer signaturedate.....

