

Principal: Christine Moulds

8 Nelson Road
LINDFIELD NSW 2070
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Request for administering prescribed medication to the student

(Note: If your child is to take more than one prescribed medication, please attach a separate request for each medication.)

Student name: _____

Name of prescribed medication: _____

Prescribed for (Name of Medical Condition): _____

Prescribed dosage: _____

What are you requesting the school to do? _____

Special storage requirements if any eg store in refrigerator: _____

Special instructions for administering the prescribed medications/s eg must be taken with food or with a glass of water: _____

Through information you have obtained from your doctor or acquired yourself, are you aware of any likely side effects from the prescribed medication? Yes No

If yes, please provide more information:

Parents and carers must provide prescribed medication and any consumables required for their administration. All prescribed medications provided for the student must have a label, clearly legible, showing the students name the name of the medication, the dose and time of administration.

If medication is in tablet form please provide it in a webster pack. This can be obtained from your pharmacy.

Name of person who will carry the medication to school: _____

Parent Signature

Date