

Principal (Relieving): Melinda Ritsinias

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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 medication 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