

Request to Administer Medication Form

The Department of Education Drug Policy states that students who are on medication must have the medication contained in its original packaging, which has been labelled with student's name and details of medication and dosage by pharmacist. Medication must be delivered to the school by a parent or carer. **Students are not permitted** to deliver the medication to school.

Parents/carers are required to inform the Principal, in writing of any change in the nature, dosage or frequency of medication required by the child.

The school has agreed to administer the below medication to your child at the specified times. The school will make every endeavour to provide the medication at the times requested although some variations may be unavoidable on occasions.

Please fill out relevant information details below and hand into the School Administration Office.

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

Name of child:
Class:
Name of prescribed medication:
Prescribed for (name of medical condition):
Prescribed dosage:
Date(s) to be taken:
Time(s) to be taken:
What are you requesting the school to do?
Expiry date of the medication:
Special instructions for administering medication eg with food:
Through information you have obtained from your doctor or yourself, are you aware of any likely side effects from the prescribed medication? Yes No
If yes, provide more information:
If your child requires asthma relieving medication, do you request that he or she self-administers this medication at school? Yes No (to be administered by staff) Not applicable Note: the Principal needs to approve a decision for a student to self-administer.

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STAFF USE ONLY

NAME OF CHILD:	CLASS:
NAME OF MEDICATION:	
DOSAGE:	TIME TO BE TAKEN:
DATE(S) TO BE TAKEN:	

DATE	TIME	DOSAGE GIVEN	ADMINISTERED BY