



gest that medications requiring dosage of 3 times per day can be given at home before school, after school and again at bedtime.

Request for Administering Prescribed Medication at School

Name of child: _____ Class: _____

Date/s medication required: **From:** _____ **To:** _____

Name of prescription medication: _____

Reason for medication: _____

Prescribed dosage: _____

Time medication to be given: _____

Special storage requirements: _____

Any additional instructions: _____

Through information that you have obtained from your doctor or acquired yourself, are you aware of any likely side effects from the prescribed medication? If yes please provide more information: _____

If your child administers their own medication at home, do you request the they do so at school: _____

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

Name of the person who will collect the medication from school:

Note:

It is your responsibility to provide the medication by and equipment for its administration and to ensure its immediate replenishment after use, or when it requires replacement.

Medication should be carried by an adult but when this is not possible the student must bring it to the office immediately upon arrival and collect it at the completion of the school day.

Parent/Carer Signature: _____

Date: _____