



STUDENT MEDICATION REQUEST/RECORD

Where possible, student medication should be administered by the student or be administered by the parent/guardian at home in times other than school hours. As this is not possible in all instances, before the Principal approves school staff to administer prescribed medication to students, the following requirements must be met.

1. The doctor prescribing the medication is to be aware that school staff will administer or supervise the administering of medication to students.
2. The doctor is to provide in writing any additional information to staff regarding special requirements that may exist for the administration of the medication.
3. The doctor should provide in writing all information of any side effects of medication and consequences of providing medication when it is not necessary.

Prescribed student medication is to be presented to the Principal and should be stored in a container clearly showing the name of the student, the name of the medication, the dosage and frequency.

I _____ being the Parent/Guardian of
student _____ request that
(name)
_____ administer the following
(name of school)

medication as prescribed by Dr _____
for the purpose of treating _____
(condition)

Name of medication: _____

Dose: _____

Time to be taken: _____

Commencement Date: _____ to: _____

Comments: _____

Signature: _____ Date: _____
(Parent/Guardian)

Emergency Contact: _____

Telephone No.: _____ Mobile No.: _____

Emergency Contact: _____

Telephone No.: _____ Mobile No.: _____

Notes:

- The Doctor's written information should be attached.
- Any additional relevant information should be attached.

Medication: _____ Expiry Date: _____