

Request for administering prescribed medication to a student

Child's name: _____

Date of birth: _____ Class: _____

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

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 e.g. in refrigerator:

Special instructions for administering the prescribed medication/s e.g. must be taken with food or with 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:

.....

If your child administers his or her own medication at home, do you request that he or she self-administers this medication at school?

Yes No

(Note: The Principal needs to approve a decision for a student to self administer).

If your child self administers the medication at home, what level of support do you provide? (Please describe):.....

.....

Name of person who will carry the medication to school:

Please note: Medications must be in a sealed container and clearly labelled with your child's name, class and dosage, together with equipment for its administration.

Name (parent / caregiver)

Signature

Date