



Request to Administer Medication to a Student

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

Name: Class:

Name of medication:

Prescribed Dosage: Time to be administered:

Special storage instructions (eg refrigerate)

Special instructions for administering (eg with food)

Through information you have obtained from your Doctor/Pharmacist, are you aware of any likely side effects from the medication?

Yes No If yes please provide more information

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Secure delivery of medication is important for the safety of your child as well as for the safety of other students in the school. Please name the person who will carry the medication to school:.....

Parent/Carer Signature Date:

(office use only)

Date Administered	Time	Staff Signature

Note: Your child's medication should be clearly labelled with their name