

Request for administration of prescribed medication to a student

1. Student details

First name: Last name:

Date of Birth:

Class:

Health/medical condition:
.....

Could your child experience an emergency reaction in relation to this condition? (please tick) Yes No

Doctor's name/medical centre:

Doctor's phone number:

2. Request for administering prescribed medication to the student

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?
.....

Expiry date of the medication:

Note: if you can't provide this information now we will need to know the expiry date when the medication is given to the school.

Special storage requirements if any eg in refrigerator:
.....

Special instructions for administering the prescribed medication/s eg must be taken with food or with a glass of water:
.....

Through information you have obtained from your doctor or got yourself, are you aware of any likely side effects from the prescribed medication?

Yes No If Yes, Please provide more information:

.....

Secure delivery of prescribed 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:

.....

Note: if you are unable to deliver the medication to school, it is advisable that you nominate a responsible person, who is not a school staff member, to transport the medication to the school.

3. Parent contact details

Name:

Relationship to child:

Address:

Home phone: Work phone:

Mobile phone:

Parent or carer signature: Date:

Privacy notice

The information requested on the form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the NSW Department of Education and Communities for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.