REQUEST FOR ADMINISTERING PRESCRIBED MEDICATION

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

Name of student:  ……………………………………………………………………………………………

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 eg. in refrigerator:

………………………………………………………………………………………………………………………………………………………………………

Special instructions for administering the prescribed medication/s eg taken with water or food:

………………………………………………………………………………………………………………………………………………………………………

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:

………………………………………………………………………………………………………………………………………………………………………

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

Any further information regarding your child’s medical condition or prescribed medication that you feel the school should be aware of:

………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………

Signed Parent / Carer: …………………………………………………………………………… Date: ………………………

Privacy notice
The information requested on this 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 Training 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.