

Request to administer prescribed medication to the student

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

Name of Student: _____

Name of Medication: _____

Name of medical condition the prescription is treating: _____

Prescribed dosage: _____

What are you requesting the school to do? _____

Any special storage requirements eg: in refrigerator? _____

Special instructions for administering the prescribed medication: _____

From information you have got from your doctor or from your own knowledge, are you aware of any side effects from this medication? Yes / No

If yes, please provide more information _____

If your child self-administers the medication at home, do you request that your child self-administers at school? Yes /No (Note: The Principal needs to approve a decision for a child to self-administer).

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

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

Request for other support: _____

Parent / Carer signature: _____

Privacy Notice

The information requested on this form is essential for assisting the school 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.