



Student Medication Request / Record

Where possible, student medication should be administered by parents/guardians at home. As this is not possible in all instances, this medication request form is to be completed, giving approval for the school staff to administer or supervise the administration of medication to a student. *All student medications are to be sent to the front office for administering.*

No medication will be given to students without parental/guardian permission.

The school cannot issue pain killers such as Panadol to children without verbal permission being given on each occasion.

For safety reasons, no medication is to be kept in a child's bag or desk.

Prescribed medication is to be presented to the School Front Office and should be stored in a container clearly showing:

- the name of the student
- the name of the medication
- the dosage and frequency

The original pharmacy packaging, with labelled instructions from the doctor is to be provided with the medication. Only labelled medication will be administered.

I, _____ being the parent /guardian
of _____ Year level _____ request that

St Patrick's School administer the following medication as prescribed by

Dr _____

for the purpose of treating _____

Name of medication _____

Dose: _____

Time to be taken: _____

Comments:

Date: _____

(Signature of Parent /Guardian)

Note: Any additional information should be attached.