

Request for School to Administer Medication

Student's Full Name:	Form:	
Date of Birth:		
Address:		
Condition/Illness:		
Name of Medication and form (eg tablet, liquid,capsule):	Amount supplied:	
Date Dispensed:	Expiry Date:	
Frequency of Dosage:	Timing:	
Additional instructions/information (eg before food, interaction with other medicines, possible side effects, storage instructions):		
<i>Please note that all medication MUST be supplied in the original container, including dosage information, as prescribed by the prescribing clinician.</i>		
Emergency contacts:		
Name:	Relationship to child:	
Daytime Contact No's:		
OR		
Name:	Relationship to child:	
Daytime Contact No's:		
I understand that I must deliver the medicine personally to the School Office. I accept that the school has a right to refuse to administer medication.		
Name (Block Capitals):	Relationship to child:	
Signature:		
Address (If different from above):		

School use:

Remaining medication returned to parent on *(insert date)* _____

or disposed of via _____

Date:

Signature: