



Request for administering prescribed medication to a student

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

Student name: **Class:**

Name of prescribed medication:

Prescribed for (name of medical condition):

Prescribed dosage:

Time you would like the medication administered

Dates you would like the medication administered

Doctor's name/medical centre:

Doctor's address:

Doctor's phone number:

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 e.g. in refrigerator:.....

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

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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:

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Parent contact details

Name:

Relationship to child:

Address:

Mobile phone:

Parent or carer signature: **Date:**

Note: Where possible, the medication should be provided to the school in its original pharmacy packaging.

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:

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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.

Self Administering of medication

If your child administers his or her own medication at home, **do you request that he or she self administers this medication at school?**

Yes No

Note: the Principal needs to approve a decision for a student to self administer.

If yes, please describe what support your child needs to administer the medication in a non emergency situation at school. You may like to include information about how you support your child at home to administer their medication.

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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.