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.)

I request that my child .................................................. of class ....................... be given
......................................................................................................................
(prescribed amount) (name of medication)
at ................................... am / pm on ........................................................... day/days

Special storage requirements if any eg in refrigerator: ......................................................

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

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:
...........................................................................................................................

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

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

I understand that all care will be taken by school staff, but no responsibility accepted.

Parent or carer signature: ................................................................. Date: .........................

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 & 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.