REQUEST TO ADMINISTER PRESCRIBED MEDICATION

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

Name of Prescribed Medication: ..........................................................
Prescribed for (name of medical condition): ...........................................
Prescribed dosage: ...........................................................................
What are you requesting the school to do? ...........................................
............................................................................................................
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 ☐

Note: The Principal needs to approve a decision for a student to self administer.
If your child self administers the medication at home, what level of support
do you provide? (Please describe): ......................................................
............................................................................................................
Name of person who will carry the medication to school: ....................
............................................................................................................
I understand the information given may be discussed by the principal of the school with other
members of the school staff, as is necessary, enabling staff to care for my child.

Signed: __________________________________________________________ Date: __________
(Parent/Carer)