

## STUDENT MEDICATION REQUEST

Where possible, student medication should be administered by the student or by parents/guardians at home in times other than during school hours. As this is not possible in all instances, before the principal approves staff to administer prescribed medication to students, the following requirements must be met:

- The doctor prescribing the medication is to be aware that school staff will administer or supervise the administering of medication to students.
- The doctor is to provide in writing any additional information to staff regarding special requirements that may exist for the administration of the medication.
- The doctor should provide in writing all information of any side effects of medication and consequences of providing medication where it is not necessary.

Prescribed student medication is to be presented to the Administration Officer and should be stored in a container clearly showing the name of the student, the name of the medication, the dosage and frequency.

I \_\_\_\_\_ being the parent / guardian of student \_\_\_\_\_

request that St Paul's Primary School administer the following medication prescribed by

Dr \_\_\_\_\_ for the purpose of treating (condition) \_\_\_\_\_

Name of medication: \_\_\_\_\_

Quantity Provided mls / tablets \_\_\_\_\_ Dose \_\_\_\_\_ Time to be taken \_\_\_\_\_

Comments: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Doctor's written information and any additional relevant information should be attached.*

### Emergency Contact Information:

Name: \_\_\_\_\_ Contact # \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Contact # \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Contact # \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_