

Request for Administration of Medication in School



The parent/guardian is to complete this form so that medication can be administered during school hours.

Date:		
Child's Name:		
Your Name:		D.O.B.
Relationship to child:		
Contact details:	Mobile phone:	Home:

Medication

Name of Medication:	
Reason for Medication:	
Expiry date of medicine:	
Dosage:	
Times dosage to be given:	
How given?	
Does the medication require refrigeration?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Any other information:	

Responsibilities

Parents/Guardians	School
<ul style="list-style-type: none"> ▪ Personally delivering medication to the school office. ▪ Completing this form for each medication. ▪ Ensuring medication is correctly labelled with the child's name, medication name, dosage, frequency of administration, cautionary advice and storage information. ▪ Collecting medication at the end of the day and as soon as medication is no longer required. ▪ Making sure the medication is taken, as necessary, to any out-of-school activities (to be held by responsible adult) ▪ Informing the school whether any adverse side effects may effect administration of the medicine. 	<ul style="list-style-type: none"> ▪ Undertaking to administer medication as agreed with parents. ▪ Correct storage of medicines. ▪ Keeping a record of medication administered (medication given daily may not be necessary)

Signature of Parent/Guardian: _____

