Saint Joseph's
Moora

STUDENT MEDICATION REQUEST FORM

Where possible, student medication should be administered by the student or be administered by the parent/guardian at home in times other than school hours. As this is not possible in all instances, should the principal approve school staff to administer prescribed medication to students, the following requirements are to 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 any additional information to staff regarding special requirements that may exist for the administration of the medication.
- Prescribed student medication is to be presented to the Office and should be stored in a container clearly showing the name of the student, the name of the medication, the dosage and frequency.

Child's Name: _____ **Year level:** _____

Name of Medication: _____

Reason for medication: _____

Prescribing doctor: _____

1. Dosage: _____
2. Time/Frequency: _____
3. Method: _____
4. To be administered from _____ *(Date)* to _____ *(Date)*
5. Medication expiry date: _____

Comments: _____

_____

_____

I _____ *(Parent/Guardian)* agree to the above conditions and wish the school to administer the above medication to my child _____ as specified above.

…… …… ……..

Parent/Guardian's Signature ***Mobile*** ***Date***

Note: Any additional information should be attached