

MEDICATION INSTRUCTIONS FROM PRESCRIBING DOCTOR

APPENDIX 2

These instructions are requested from the prescribing doctor to enable the school to maintain its 'duty of care' when administering prescribed medication to students whose condition would otherwise preclude attendance at school.

Dr

Address

Telephone

I have prescribed the medication

For (name of student)

Date of birth

To treat the condition of

Dose

Time to be taken

Are special arrangements necessary to administer the medication or monitor the student after medication administration?

Yes **No**

If medical attention is required directly after medication administration an Ambulance will be called. Please indicate your acceptance of this.

Yes **No**

If no, please provide adequate reason to the contrary and advise alternate arrangements.

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Please advise whether a second dose of medication can be administered in the event the first does not alleviate symptoms.

Yes **No**

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Signature of Prescribing Doctor

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Date