



**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.

.....

.....

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

Yes  No

.....  
Signature of Prescribing Doctor

.....  
Date