STUDENT MEDICATION REQUEST/RECORD
APPENDIX 1

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 and over the counter medication to students, the following requirements are to be met.

For prescription medication the doctor 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 (on appendix 2 Medication Instructions from Prescribing Doctor).

Prescribed and over the counter medication is to be presented to the Principal and should be stored in the original packaging clearly showing the name of the student, the name of the medication, the dosage, the frequency and the expiry date.

I …….. being the parent/guardian

of student ……request that
(name)
……administer the following
(name of school)
medication as prescribed by Dr …….

for the purpose of treating …….

Name of medication …….

Dose ……..

Time to be taken …….

Date to discontinue medication ……..

Comments …….

…..... Parent/guardian

..... date

Date	Time	Dose	Sign	Name	Witness	Name