Request for administering prescribed medication to the student

(Note: If your child is to take more than one prescribed medication, please attach a separate request for each medication.)
Name of prescribed medication: .................................................................
Prescribed for (name of medical condition): .............................................
Prescribed dosage: ..................................................................................
What are you requesting the school to do?: ..............................................
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Special storage requirements if any eg in refrigerator: ..............................
Special instructions for administering the prescribed medication/s eg must be taken with food or with a glass of water: ................................................
Through information you have obtained from your doctor or acquired yourself, are you aware of any likely side effects from the prescribed medication?
☐ Yes ☐ No If Yes, Please provide more information:
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If your child administers his or her own medication at home, do you request that he or she self administers this medication at school? ☐ Yes ☐ No
(Note: The Principal needs to approve a decision for a student to self administer).
If your child self administers the medication at home, what level of support do you provide? (Please describe): ..............................................................
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Name of person who will carry the medication to school: ..........................
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Request for other support
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Parent or carer signature: ................................................................. Date: .............