



## Request to Administer Prescribed Medication to the Student

(Note: If your child needs to take more than one prescribed medication, please attach a separate request for each medication.)

Name of Child: \_\_\_\_\_

Name of prescribed medication: \_\_\_\_\_

Name of medical condition the prescription is treating: \_\_\_\_\_

Prescribed dosage: \_\_\_\_\_

Time of dosage: \_\_\_\_\_

What are you requesting the school to do? \_\_\_\_\_

Any special storage requirements - eg in refrigerator? \_\_\_\_\_

Special instructions for administering the prescribed medication - eg must be taken with food or with a glass of water \_\_\_\_\_

From information you have got from your doctor or from your own knowledge, are you aware of any side effects from this medication?      Yes      No

If yes please provide more information \_\_\_\_\_

Parent or Carer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please only send in a single dose.**