



STUDENT MEDICATION REQUEST/RECORD

Where possible, student medication should be administered by the parent/guardian at home in times other than school hours. As this is not always possible in all instances, before the Principal approves school staff to administer prescribed medication to students, the following requirements must be met.

1. The doctor prescribing the medication is to be aware that school staff will administer or supervise the administering of student medication to students.
2. The doctor is to provide in writing any additional information to staff regarding special requirements that may exist for the administration of the medication.
3. The doctor should provide in writing all information of any side effects of medication and consequences of providing medication when it is not necessary.

All Prescribed student medication is to be handed to the Office Staff and will be stored in a cupboard in the original packing clearly showing the name of the student, the name of the medication, the dosage and frequency. The only medication that can be left with your child is ASTHMA puffers

I _____ being the Parent/guardian of student _____ Year Level _____ request that **Sacred Heart School Thornlie** administer the following medication as prescribed by Dr _____ for the purpose of treating the following condition

Name of Medication: _____

Dosage: _____ Time to be taken: _____

Has your child received their medication this morning Y/N. What time: _____

Commencement Date: _____ to: _____

Comments: _____

Parent/Guardians Signature: _____ Date: _____

Medication: _____ Expiry Date: _____

Medication: _____ Expiry Date: _____

Medication: _____ Expiry Date: _____

