



2020 STUDENT MEDICATION REQUEST FORM

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, 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 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.

Prescribed student medication is to be presented to the Principal and should be stored in a container clearly showing the name of the student, the name of the medication, the dosage and frequency.

I _____ being the Parent/Guardian of student

_____ Class: _____

request that STAFF OF ST THOMAS MORE CATHOLIC PRIMARY SCHOOL administer the following Medication:

Name of Medication	Dose	Time to be taken	Start Date	End Date	Purpose of Treatment / Prescribed by Doctor Notes / Comments
Expiry Date:					
Notes or Instructions:					
Expiry Date:					
Notes or Instructions:					
Expiry Date:					
Notes or Instructions:					

Parent/Guardian Signature: _____ Date: _____

Mobile No.: _____