

Request for support at school of a student's health condition

1. Student details

First name: Last name:

Class:

2. 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:

.....

Expiry date of the medication:

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 got yourself, are you aware of any likely side effects from the prescribed medication?

Yes ☐ No ☐ If Yes, Please provide more information:

.....

Note: Your child's medication should be clearly labelled with their name.

4. Parent Contact Details

Name:

Relationship to child:

Mobile phone:

Parent or carer signature: Date: