



MEDICAL REQUEST FORM

Parents PLEASE READ CAREFULLY:

MEDICATION ADMINISTRATION

This Request Form is to be returned to the School with medication.

1. Parents must make written request to the school including instructions for administration of the drug, and any special needs of the student.
2. The Principal will authorise a staff member/s to administer medication.
3. Only designated members of staff have this authority.

Medication will not be administered unless the following is complied with:

- All medication must be in a container labelled by a health care professional or pharmacist, showing:
 - The name of drug
 - Use by date
 - Name of medical practitioner prescribing the drug
 - Name of student
 - Dosage
 - Frequency of administration (please tick check list)
- 4. Medication which is not so labeled must not be administered.
- 5. Non prescription medication such as analgesics (Panadol) will not be administered by school staff.
- 6. All medication is to be kept in a lockable cupboard.
- 7. An official register on the Administration of Drugs to students is to be kept by the designated members of staff.
- 8. The school takes no responsibility to ensure that medication is not out of date or that sufficient quantities of the medication are provided.
- 9. Epi pens MUST be provided.
- 10. The designated members of staff are to return all unused medication to parents when the parents inform the school in writing that medication is no longer needed or is past the use-by-date.
- 11. If a member of school staff becomes aware that a student has possession of a medication without written advice from a parent, or the parent's advice is inconsistent with the medical instructions provided, he/she will secure the medication, store it securely and notify the Principal. The Principal or designated members of staff will contact the parents.

Please fill in the following:

1. Name of student: Year:
2. Diagnosis/condition requiring medication:.....
.....
3. Name of Drug:
4. Use by Date:
5. Name of Medical Practitioner:
6. Dosage:
7. Frequency of Administration:
8. Is package fully labelled (see 4 above):.....
9. Are there any special details we need to know:.....
.....
10. Name of Parent making request: Contact No.:.....
11. Name of Emergency Contact:.....
12. Emergency Contact Number:.....
13. Signature of Parent:
14. No natural remedies will be administered by staff:.....

SCHOOL USE ONLY

Is request granted (please tick)

Yes ☐

No ☐

Signature of Principal

Signature of Delegated Staff Member