



# Freemans Reach Public School

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## Request for administering prescribed medication to a student

### Parents Please Note:

- if the child is to take more than one prescribed medication, please attach a separate request for each medication.
- the medication must be brought to and taken home from school by a parent/caregiver
- the medication must be in its original packaging
- the medication must have a pharmacy label on it stating medication name, child's name, dosage requirements and be in date
- medication must be supplied with appropriate dosing equipment eg. medicine cup, asthma spacer etc
- the medication must be accompanied by this completed medication form
- Students are not to keep medication in their school bags, all medications must be handed into the office for safe storage and use
- Over the counter medications will not be given to students unless the school also receives a letter from your child's doctor stating purpose for administering this medication. Over the counter medications must also be provided to the school in accordance with the above procedures.

NAME OF STUDENT:..... CLASS:.....

Date/s to be administered: .....

Name of prescribed medication: .....

Prescribed for (name of medical condition): .....

Prescribed dosage & time: .....

What is the school to do? .....

1. Special storage requirements if any eg. in refrigerator: .....

2. Special instructions for administering the prescribed medication(s) eg. must be taken with food or with a glass of water  
.....

3. Through information obtained from your doctor or acquired yourself, are you aware of any likely side effects from the prescribed medication?

Yes

No

If Yes, please provide more information:

4. If your child administers his or her own medication at home, do you request that he or she self-administers this medication at school?

Yes

No

(Note: The Principal needs to approve a decision for a student to self-administer)

5. If your child self-administers the medication at home, what level of support do you normally provide? (Please describe): .....

6. Name of person who will carry the medication to school: .....

Name of the parent/caregiver requesting medication is administered: .....

Signature: ..... Date: .....