



Prescribed Medication Request

You are welcome to come to school and give any medication to your child yourself. However, if you want a member of staff to administer **PRESCRIBED** medication four times a day, you as parent / guardian will need to complete the form below and hand it into the office, together with the medication.

We cannot administer any medication without this.

I request that

Name of child _____ (Please print)

Should receive the following medication.

Name of medicine _____ (as on container)

Dose of medicine _____

Time of administration _____

Expiry date if known _____

Duration of treatment _____

Name _____ (please print)

Relationship to child _____

Signed _____ Date _____