

### Request for administering prescribed medication to a student

*Note: if your child is to take more than one prescribed medication, please attach a separate request for each medication.*

Name of Student: .....

Name of prescribed medication: .....

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

Prescribed dosage on label (including mgs): .....

Time to give the medication? e.g. 12-1pm .....

How the medication is given? e.g. via peg, with food .....

.....

Expiry date of the medication: .....

Special storage requirements? e.g. in refrigerator:.....

Special instructions for administration? .....

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:

.....

Name the person who will deliver the medication to school:.....

#### Declaration by Parent:

The information on this form is based on advice and information from my child's doctor and supplemented by the information on the pharmacy label on the medication container. **I agree to provide all prescribed medications in the pharmacy labelled container specifying the name of my child, name of the medication, the dosage required, the timing of the dosage And any special instructions (e.g. must be taken with food). I understand that staff cannot administer medication until the pharmacy labelled box is provided.** I undertake to provide the school and equipment to enable the medication to be administered. I agree to advise the school of any changes in my child's condition that required an adjustment of the circumstances of the administration of medication. I understand that school staff administers medication to my child on a voluntary basis.

Parent/Carer Signature: ..... Parent/Carer Name: .....

Date: .....

**Privacy notice:** *The information requested on the form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the NSW Department of Education and Communities for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.*

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