Request for support at school with administering medications – short term only

Today’s Date: …… / …… / ……..

Student’s First Name: ………………………….... Last Name: ……………………………… Class: ………………

This form is to be completed requesting the school to administer a Prescribed medication eg antibiotics as well as Panadol type products

All medications must be handed into the office.

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

Name of medication: ………………………………………………………………………………………………………………………………

Special storage requirements if any eg. In refrigerator:
………………………………………………………………………………………………………………………………………………………………

Prescribed dosage: ……………………………………………………………………………………………………………………………………….

What are you requesting the school to do: eg time?
………………………………………………………………………………………………………………………………………………………………

Special instructions for administering the medication eg must be taken with food or with a glass of water:
………………………………………………………………………………………………………………………………………………………………

Time dose was last taken today: …………………………………………………………………………………………………………………

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:
……………………………………………………………………………..………………………………………………………………

Parent Name                                   Signature                                        Date

Office Use:

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