

## STUDENT MEDICATION REQUEST/RECORD

Where possible student medication should be administered by the student or be administered by the parent/guardian at home in times other than school hours. As this is not possible in all instances, should the Principal approve school staff to administer prescribed medication to students, the following requirements are to be met.

The doctor prescribing the medication is to be aware that school staff will administer or supervise the administering of medication to students. The doctor is to provide any additional information to staff regarding special requirements that may exist for the administration of the medication.

Prescribed student medication is to be presented to the Principal and should be stored in a container clearly showing the name of the student, the name of the medication, amount supplied, the dosage and frequency.

I	being	g the parent/guardian of student
	request t	hat Assumption Catholic Primary
School administer the following medication a	s prescribed by Dr	
For the purpose of treating(condition)		
Name of medication:		
Dose: Tim	ne to be taken:	
Amount of Medication supplied:		
Specific requirements for administering medic	cation:	
Signature: Parent/Guardian	Date:	
Staff Member Administering Me	dication:	
		Date:
		Date:

Principal