REQUEST FOR ASSISTANCE in ADMINISTRATION OF MEDICATION

I, (name of legal guardian/carer)…………………………………………..….
request the assistance of Narrabeen Lakes Public School’s authorised staff to administer medication listed below to my child (first and last name of child) ………………………………………... of class ......
Name/type of medication ……………………………………………………….
Dosage ………………………………………………………………………….
Requested time of administration ………………………………………….
Reason for medication …………………………………………………….
Anticipated period of administration ………………………………………
Name of doctor (or practitioner) requesting administration of medication: …………………………………………………………………………………
Telephone number of doctor (or practitioner) ……………………………..

Signature of parent/legal guardian or carer Date

Please note:
Whilst the school office will endeavour to administer the medication at the requested time the end responsibility is for the child to attend the office at the appropriate time.

ALL medication MUST be handed into the school office for registration before the child goes to class. No medication, including paracetamol, may be kept in a child’s bag.

This note must be written in pen NOT pencil.

Pro-forma Medication Form