

**REQUEST FOR ASSISTANCE in
ADMINISTRATION OF MEDICATION**

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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)

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Signature of parent/legal guardian or carer Date

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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.

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