



# SACRED HEART PRIMARY SCHOOL HIGHGATE

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## STUDENT MEDICATION REQUEST/RECORD

Where possible student medication should 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, the dosage and frequency.

I \_\_\_\_\_ being the parent/guardian  
of student \_\_\_\_\_ request that  
(name)  
\_\_\_\_\_ administer the following  
(name of school)  
medication as prescribed by Dr \_\_\_\_\_  
for the purpose of treating \_\_\_\_\_  
(condition)

Name of medication: \_\_\_\_\_

Dose: \_\_\_\_\_

Time to be taken: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian) Date: \_\_\_\_\_

*Note: Any additional information should be attached.*

Class Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_