



Request to Administer Medicine in School

Name of Child: _____

Class: _____

Name of Medicine: _____

Why was this medicine prescribed? _____

When does this medicine need to be administered? _____

How much medicine should be administered (dose) _____

How does this medicine need to be administered? _____

How long will this course of medicine last? _____

How should this medicine be stored? _____

Please note that school routines are very busy and we will endeavour to find the child at the given time to administer medicine. However if this does not happen for any reason, the individual or school will not be responsible or liable for any effect of the child missing a dose of medicine. If this effect could be critical to the child's health or safety, the school will be unable to administer the medicine and parents are advised to consult their child's doctor. Please note that this offer to administer is a gesture of goodwill intended to assist parents. School staff are not routinely required to administer medication.

I understand that the School Office Staff will endeavour to administer the above medicine however sometimes due to the nature of their role, this may not be possible. I accept that I take responsibility for any side effects that may result from my child missing a dose of this medicine.

Signed: _____

Name: _____

Relationship: _____

Date: _____