Education & Communities
Public Schools NSW

Wilberforce Public School

Request for administering prescribed medication to the student

Student Name: …… Class: ……

Note: if your child is to take more than one prescribed medication, please attach a separate request for each medication.

Name of prescribed medication: .....

Prescribed for (name of medical condition): .....

Prescribed dosage:.....

Time of dosage: .....

What are you requesting the school to do? .....

.....

.....

Special instructions for administering the prescribed medication/s eg must be taken with food or with a glass of water:.....

.....

Expiry date of the medication: .....

Special storage requirements:.....

Through information you have obtained from your doctor or acquired yourself, are you aware of any likely side effects from the prescribed medication?

Yes ☐ No ☐ If Yes, please provide more information:

Medical practitioner contact

Name:.....

Address: .....

Phone: .....

Parent or carer signature: ..... Date: .....