REQUEST TO ADMINISTER MEDICATION

Date: ______________________

I wish to advise the school that my child (name): _____________________________ of class: _____
is suffering from the following condition/illness.

(Brief description) ______________________________________________________________

This condition/illness requires my child to take a dose of medicine whilst at school. I am requesting
that staff at Greenacre Public School administer the following medication to my child.

Name of Medication: __________________________________________________________

Dosage Required: ___________________________ Time to be Administered: ______

Please sign below as required (either short/long term)

SHORT TERM: The following conditions relate to students receiving Short term medication
i.e., on a day to day basis for a short term condition:

1. I understand that it is the responsibility of my child to attend the office to receive this dose.
2. I also understand that the medication will need to be collected from the office at the end of
   the school day.

Signed: ___________________________ Name: __________________________
        Parent/Guardian                 Parent/Guardian

LONG TERM: The following conditions relate to students receiving medication on a
long term basis i.e., those students with a diagnosed chronic condition
receiving daily medication:

1. I understand that it is the responsibility of my child to attend the office to receive this dose.
2. I also understand that it is my responsibility to provide the school with the necessary
   medication and to ensure adequate stocks are on hand at all times.

Signed: ___________________________ Name: __________________________
        Parent/Guardian                 Parent/Guardian

Checked and completed by: ____________________________________________