St Andrew's Catholic Primary School
REQUEST FOR SCHOOL ADMINISTRATION OF MEDICATION

1. Where possible student medication should be administered by the parent/guardian at home.
2. The school will administer medication to a student only if it is absolutely necessary and in accordance with the medical practitioner's instructions.
3. Where possible, a student will self-administer medication under the supervision of appropriate school staff.
4. Parents/guardians must provide written authority for school staff to administer prescribed medication and are responsible for advising the Principal, in writing, of any specific requirements when administering the medication. This should include details from the medical practitioner regarding the circumstances for use.
5. Prescribed medication is to be presented to the school showing the **name of the student, the name of the medication, the dosage and frequency.**
6. It is the parent's/guardian's responsibility to ensure that all medication is labelled correctly, is not out of date and sufficient quantities are supplied for the student's needs. Further, the parent/guardian must notify of any changes in medication or dosage and a new form must be completed with the changes.
7. When the school agrees to administer medication it does so on the explicit request of the parent/guardian on the understanding that no responsibility can be accepted for missed or wrongly administered dosage.

Child's Name: _____ **Date of Birth:** _____

Name of Medication: _____ **Prescribing Practitioner:** _____

Reason for Medication: _____

Dosage: _____ **Time to administer:** _____ **Frequency:** _____

Instructions from Prescribing Practitioner *(tick which is applicable – copy to be retained)*

☐ Letter from Practitioner ☐ Original Script ☐ Labelled Medication Packaging

Start Date: _____ **End Date:** _____

Administration Instructions: _____

Possible Side Effects *(if applicable):* _____

Allergies or Other Medications *(if applicable):* _____

I, _____ agree to the above conditions and wish the
(Parent/Guardian)
school to administer the above medication to my child _____
as specified above.

Parent Comment: _____

_____ _____ _____
Parent/Guardian *Principal* *Office Staff*

Date: _____

August 2023