

**STUDENT SHORT TERM MEDICATION REQUEST/RECORD**

Where possible student medication should be administered by the parent/guardian at home rather than at school. 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 medicine is to be aware that school staff will administer or supervise the administering of medication of 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

\_\_\_\_\_ Class \_\_\_\_\_  
(name of student)

request that St Anthony's School administer the following medication as prescribed by

Dr \_\_\_\_\_ for the purpose of treating

\_\_\_\_\_ (condition)

Name of medication \_\_\_\_\_ Dose \_\_\_\_\_

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

Comments \_\_\_\_\_

SIGNED \_\_\_\_\_  
(Parent / Guardian)

DATE \_\_\_\_\_

**OFFICE USE ONLY**

DATE	TIME	SIGNATURE	SIGNATURE



