

Request for the Administration of Medication

Date:

Parent/Guardian's Name:

Address:

Telephone/s:
(School Hours)

Dear Principal

I request that my child
(child's name) be allowed to take or be administered the accompanying medication whilst at school,
as prescribed by the child's medical practitioner,

.....
(prescribing doctor's name).

The medication has been prescribed for the following reason:
.....
.....
.....

I have sent the medication in the original container displaying the instructions provided
by the medical practitioner or pharmacist.

I hereby give permission to the Principal to obtain relevant information from the
prescribing doctor (see attached Form 3).

I accept and agree to observe the conditions imposed by the school and understand and
agree that it is my responsibility to inform the Principal of any changes involving the
administration of the medication. I agree to identify the school and related parties on
the terms of the attached Deed of Indemnity (see attached Form 2).

Signed:
Parent/Guardian