



Request for Administering Prescribed Medication to a Student

This form MUST be completed by students requiring medication to be administered at school

1. Student details

First name: Last name:

Health/medical condition:
.....

Could your child experience an emergency reaction in relation to this condition?

Yes No (please tick)

2. Prescribed medication

- (i) Please attach a separate request for each prescribed medication.
- (ii) The medication should be provided to the school in its original pharmacy packaging.
- (iii) Your child's medication should be clearly labelled with their name.

Name of prescribed medication:

Prescribed for (name of medical condition):

Prescribed dosage:

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

Expiry date of the medication:

Note: If not yet available, the expiry date must be provided when the medication is given to the school.

Special storage requirements if any e.g., in refrigerator:
.....

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

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

Yes No If yes, please provide more information:

.....
.....

If your child administers his or her own medication at home, do you request that they self-administer this medication at school?

Note: The Principal must approve a decision for a student to self-administer medication.

Yes No

Principal Approval: Yes No

Principal Note:

If yes, please describe what support your child needs to administer the medication in a non-emergency situation at school. *You may like to include information about how you support your child at home to administer their medication.*

.....
.....

Secure delivery of prescribed medication is important for the safety of your child as well as for the safety of other students in the school.

Note: If you are unable to deliver the medication to school, it is advisable that you nominate a responsible person, who is not a school staff member, to transport the medication to the school.

Please name the person who will carry the medication to school:

.....

For some medications and some students, it can be appropriate for them to carry their own medication to, and at school. *For example, asthma reliever medication and pancreatic enzymes for cystic fibrosis. If your child is to carry their own medication, we want to be able to support this and request some information so that we are well informed.*

Would you like the principal to consider a request for your child to carry their medication?

Note: The Principal needs to approve a decision for a student to carry their own medication at school.

Yes No

Principal Approval: Yes No

Principal Note:

If yes, please describe where and how your child will carry this medication.

For example, my child will carry it on their person in a medical pouch or bum bag.

.....
.....

If you would like to request your child to carry their own adrenaline auto-injector or asthma reliever medication to, and at school you are also required to complete the [request for permission to carry own auto-injector or asthma reliever medication](#) form and return it to the school.

Note: The school will still need you to provide an additional supply of the medication for storage in central location/s within the school and for use if your child needs the school's help, for example adrenaline auto-injector/asthma reliever.

3. Request for other support

Please provide details of any other health care support needs of your child while they are at school and involved in school activities.

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

4. Parent contact details

Please remember to sign and date below before returning to school.

Name:

Relationship to child:

Address:

Home phone:..... Work phone:.....

Mobile phone:

Email:

Parent or carer signature: Date:

Privacy notice

The information requested on the form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the NSW Department of Education and Communities for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the principal.