**Request for administering prescribed medication to a student at school**

Name of child: DOB:

Name of prescribed medication:

(*Note: if your child is to take more than one prescribed medication, please attach a separate request for each medication*.)

Prescribed for (name of medical condition):

Prescribed dosage:

Expiry date of medication: ………………………………………………………………

To be administered from …./…./…. until …./…./…. or further notice.

What time is the medication to be given?

Special storage requirements if any eg in refrigerator:

Please indicate the administration type:

 Emergency Medication

 Self Administered

 Administered with Supervision

 Administered by Authorised Staff

Special instructions or actions required for administering the prescribed medication/s eg must be taken with food or with a glass of water:

…………………………………………………………………………………………………

…………………………………………………………………………………………………

Name of parent or carer: ………………………………………………………………….

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.