

# TRINITY CATHOLIC PRIMARY SCHOOL

Part 5: Student Welfare Standard

Form: **Student Medication Request Form**



**PLEASE NOTE:**

Where possible, student medication should be self-administered by the student or be administered by parents/guardians at home, at times other than during school hours.

If special arrangements are necessary for the school staff to administer medication or if the student requires monitoring after the medication is given, then it is essential that the medical instruction/process is prescribed by your child's doctor.

If medication is to be administered by school staff, the following documentation is to be completed.

<b>Parent Name:</b>		<b>Parent Signature:</b>	
<b>Child's Name:</b>		<b>Child's Class:</b>	
		<b>Year Level:</b>	
<b>Date:</b>			
<p>I request staff of Trinity Catholic Primary School, Narre Warren South to administer the following medication to my child as prescribed by his/her doctor/paediatrician/specialist.</p>			
<b>Doctor's name:</b>			
<b>Clinic name and phone number:</b>	<b>Clinic Name:</b>	<b>Phone number:</b>	
<b>Child's medical condition:</b>			
<b>Name of medication:</b> (as listed on label)			
<b>Dose to be administered:</b>	<b>Dosage:</b>	<b>Time:</b>	
<b>Duration of Request:</b>			
<b>Further comments and/or considerations:</b> (specific monitoring, doctor's instructions)			