Prescription Medication Request Form

This form must be completed for prescribed medication to be administered to your child during the school camp. It has been designed to ensure the safety of your child and to protect school staff who do not have medical training.

This form is to be completed by your child’s medical practitioner and returned to the school.

To administer medication to your child, the following requirements must be met:

1. Your child’s medical practitioner must provide the information required below

2. All medication supplied to the school for your child must be in a container labelled by a pharmacist, showing the name of the drug, the “use by” date, the name of the student’s medical practitioner, the name of the student, the dosage and the frequency of administration.

MEDICATION INSTRUCTIONS FROM THE MEDICAL PRACTITIONER

These instructions are requested from the student’s medical practitioner to enable the school to maintain its duty of care when administering medication to students whose condition would otherwise preclude attendance at school.

Medical Practitioner’s name:_____________________________________________________

Address:____________________________________________________________________

__________________________________________ Phone:___________________________

Name of student:______________________________________________________________

Name of Medication:____________________________________________________________________

Dose:________________________ Time to be taken:________________________

Commencement date:________________________ Conclusion date:________________________

Special arrangements: (eg. monitoring the student after administration; restrictions on participation in school activities such as sports or use of machinery; side effects; emergency actions.)

________________________________________________________________________

________________________________________________________________________

Signed: ____________________________ Date:________________________

(Student’s Medical Practitioner)