



HOLY CROSS PRIMARY SCHOOL

49 Meurants Lane
Glenwood NSW 2768
Phone: 8664 7100
ABN: 86 875 623 906

NOTIFICATION AND REQUEST BY PARENT/GUARDIAN FOR THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

To be completed by parent or guardian

I request that my child _____ be allowed to take medication at
school according to instructions from _____ .

Address of prescribing doctor: _____

Contact number: _____

The medication has been prescribed for the following reason:

I hereby give permission to the Principal to obtain relevant information from the prescribing doctor.
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 medicine.

Signed: _____

Date: _____

parent/guardian



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MEDICAL ADVICE TO SCHOOL

To be completed by prescribing doctor

Student's full name: _____

1. Medical condition(s) of the child requiring regular treatment:

2. Essential medication requiring administration during school hours:

Medication Details

Condition name	Medication name	Dosage	Time/s of administration	Special instructions	Self-administration (yes/no)

3. Recommended restrictions on participation in school activities (e.g. sport, use of tools or machinery):

4. Recommended procedure in crisis situation

5. Additional comments:

Signature of prescribing doctor: _____ Date: _____



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SCHOOL/COLLEGE ACKNOWLEDGMENT OF REQUEST TO ADMINISTER MEDICATION

Date: _____

Dear _____

(name of parent/guardian)

I have considered your request to administer medication to your child _____

(full name of student)

The school/college will render whatever aid is necessary to administer the medication, but it should be clearly understood that this aid is that of a lay person without medical training.

To comply with your request, the following conditions should be strictly observed:

1. It is your responsibility to provide the medication and equipment for its administration, and to ensure its immediate replenishment after use, or when it requires replacement.
2. The attached form must be completed before any changes to the medication and its administration can be implemented.
3. I understand that the information provided by you and the prescribing doctor may be discussed by the Principal with other members of the school staff.

Yours sincerely,

Louise O'Donnell
Principal