



Queanbeyan Public School

Creating opportunities, building relationships, achieving success



Request for administering prescribed medication to students

Student Name: _____ Class: _____ Date: _____

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

Name of prescribed medication:

Expiry date of the medication:

Prescribed for (name of medical condition):

Prescribed dosage:

Special instructions for administering the prescribed medication/s including:

Time to be taken:

Taken with food or with a glass of water:

Other:

Special storage requirements if any eg in refrigerator:

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:

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Does your child have an Individual Health Care Plan?

Parent Name: _____ Date: _____

Parent's Signature: _____

Notes for Parents:

- Please attach any additional information on a separate sheet if necessary.
- All medications must be provided in the original box/container. The prescription label should be clearly visible, showing the child's name, dose, date of prescription and directions for use. If medication is to be given in a form other than that in the original container, (eg half a tablet) then the medication is to be provided in the form ready for administration.
- Parents are to monitor the supply of their child's 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. Please name the person who will carry the medication to school:
