REQUEST TO ADMINISTER MEDICATION

I wish to advise the school that my child, ____________________________________, of class ____________ has the following condition or illness: __________________ _____________________________________________________________________.

This condition / illness requires my child to take medication whilst at school. I am requesting that staff at Woodport Public School administer the following medication to my child:

___________________________________________________________________

Dosage required: _______________ Time to be administered: _______________

PLEASE SIGN BELOW AS REQUIRED (EITHER SHORT OR LONG TERM):

SHORT TERM: The following conditions relate to students receiving short-term medication: i.e. on a day-to-day basis for a temporary condition.

1. I understand that it is the responsibility of my child to attend the office to receive this dosage.
2. I understand that it is my responsibility to provide the school with the necessary medication. I also understand that the medication will need to be collected from the office at the end of the school day if it is needed at home.

______________________________ _____________________________
PRINTED NAME OF PARENT/GUARDIAN SIGNATURE OF PARENT/GUARDIAN

DATE

LONG TERM: The following conditions relate to students receiving medication on a long-term basis: i.e. those students diagnosed with a condition which requires daily medication long-term.

1. I understand that it is the responsibility of my child to attend the office to receive this dosage.
2. I also understand that it is my responsibility to provide the school with the necessary medication and to ensure adequate stocks are on hand at all times.

______________________________ _____________________________
PRINTED NAME OF PARENT/GUARDIAN SIGNATURE OF PARENT/GUARDIAN

DATE

Should this medication need to be taken on a regular daily basis (for example: Ritalin or Attenta), we will need to be notified of any changes in dosage or in the event the medication no longer needs to be administered.