

# ADMINISTRATION OF MEDICATION AT SCHOOLS

## Parents Request Form

**The completed form is to be kept on file by the Principal**

I am the responsible parent / guardian

of \_\_\_\_\_ a pupil in Year \_\_\_\_\_

at \_\_\_\_\_ School. I hereby request the

Principal to provide for administration of medication to \_\_\_\_\_  
during school hours.

I accept full responsibility in delegating administration of the medication to the School.

The medication to be administered was prescribed by:

Dr. \_\_\_\_\_ on \_\_\_\_\_  
with the following directions –

**Dosage:** \_\_\_\_\_

**Times for Administration:** \_\_\_\_\_

**Other directions / precautions:** \_\_\_\_\_

**First Aid Officer to administer medication:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_