

THOMASSON MEMORIAL SCHOOL
Request for the administration of medication

If you would like school to administer prescribed medicine to your child in school, you must fill out the below form.

- Please note this is for doctor prescribed medicine only. We will not administer things like cough medicine
- Medication must be in the original packaging/container labelled with the child's name and dosage
- Unused medication will be disposed of unless collected within one week after medication is discontinued.

Name of child:

Date: Class:

Type of Medicine:

Prescribed for by Dr

Please tell us how many days/weeks the medicine should be given for

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Please state what time the medication should be given at:

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Does this medication need to be kept in the fridge..... Yes/No

I have requested that this medicine is given to my child at the time/s given above and I accept full responsibility.

Signed: (Parent/carer)

Any other information:

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