



Don Bosco Primary School Narre Warren

STUDENT MEDICATION REQUEST FORM

Note:

- ❖ Where possible, student medication should be self-administered by the student or be administered by parents at home, at times other than during school hours.
- ❖ If special arrangements are necessary for the school staff to administer medication or if the student requires monitoring after the medication is given, then it is essential that the doctor provide instructions.

I _____ parent / guardian of student,

_____ (Child's name) _____ (Class)

request the staff of Don Bosco Catholic Primary School, Narre Warren to administer the following medication, to my child, as prescribed by:

Dr. _____ Phone No. _____

for the purpose of treating _____
(Condition)

Medication: _____

Dose to be given: _____

Time to be administered: _____

Duration of Request: _____

Comments / Special attention:

Signature of Parent/Guardian: _____ Date: _____