

**Parent/Guardians Request for  
Dyer Street School to  
Administer Medicine**

I/We request (child's name) \_\_\_\_\_

be given medication at Dyer Street School.

1. I/We accept that the school does not have a trained medical officer to administer medications.
2. I/We accept responsibility for the decision to give this medication to my child, and acknowledge the school is in no way responsible for that decision.
3. I/We also accept that the school cannot guarantee that the medication will be given at a precise time or by the same person although every endeavour will be made to do so.

I/We will notify the school about any changes to dose and recommended time when medication is to be given, and fill out a new request form.

Name of Medication: \_\_\_\_\_

Dosage & time to be given at school: \_\_\_\_\_

Expiry date of medication (on container) \_\_\_\_\_

Date when medication is to finish: \_\_\_\_\_

Special storage requirements, i.e.: fridge etc: \_\_\_\_\_

Any side effects of medication: \_\_\_\_\_

Name & ph no: of GP or specialist: \_\_\_\_\_

Parent/Guardian ph no: during school hours: \_\_\_\_\_

Emergency Contact no: \_\_\_\_\_

**Please turn over**

**Please Note:**

- In the case of regular administration of some medicines, eg: asthma, the student may be independent and able to manage their own medicine administration. You need to notify us in writing if that is the case.
- For other medication the school will take every care to ensure the student receives the prescribed medicine. However we cannot guarantee that this will happen and will not accept responsibility for doses missed or wrongly administered.
- Medicine must be sent to school in the original container with the pharmacy name, medication, dosage frequency details on the container.
- A record will be kept of all doses administered at the school.

The school reserves the right to decline or to discontinue administering medicine to any student at any time. Parents will be advised first in the likelihood of this decision being made.

**I understand and agree to the conditions**

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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