



REQUEST FOR SCHOOL TO ADMINISTER MEDICATION AT ST ANNE'S SCHOOL

The school will **not** be able to give your child medicine unless you complete and sign this form.

All medication brought into school must be supplied in an appropriate and original container/packaging.

DETAILS OF STUDENT

Surname: _____ **First Name(s):** _____

Address:.....
.....

Condition or illness
.....
.....
.....
.....

Date of birth: _____ **Class/Year:** _____

DETAILS OF MEDICATION

Name/Type of medication (as described on the container):

For how long will your child take this medication?

Date dispensed and by whom:

Full directions for use:

Dosage and method:

Timing:

Self-Administration:

Terms and Conditions

- I accept that the administration of medication is a service which the school is not obliged to undertake and that, in doing so, it is being done with my full consent and all appropriate information has been supplied.
- The above information is accurate to the best of my knowledge at the time of writing and I give consent to the school to administer the medication.
- I will inform the school in writing of any changes to the above information.
- I understand that I am responsible in ensuring that the appropriate medication is available to the school.

Signature: _____

Date: _____

Relationship to student: _____