

FORM 1

ST MARY'S PARISH SCHOOL
DISPENSING OF MEDICATION FORM

SCHOOL: ST MARY'S PARISH SCHOOL WARREN

STUDENT'S NAME _____ CLASS _____
(for whom medication has been prescribed)

I, _____ REQUEST MY SON/DAUGHTER
(parent/guardian)

TO BE GIVEN _____ AT _____
(name of medication) (times)

FROM _____ TO _____
(D A T E S)

IN DOSAGES OF _____
(mls or tablets)

I CAN BE CONTACTED IN AN EMERGENCY ON _____
(telephone number)

IN AN EMERGENCY REQUIRING MEDICAL ATTENTION I AUTHORISE THE SCHOOL TO CONTACT
DOCTOR _____
(name of prescribing doctor)

(address)

TELEPHONE NUMBER _____

AND/OR CONVEY MY CHILD TO THE LOCAL HOSPITAL BY APPROPRIATE TRANSPORT WHICH MAY BE BY AMBULANCE.

THE MEDICATION HAS BEEN/WILL BE SUPPLIED IN A CONTAINER, CLEARLY LABELLED WITH THE NAME OF THE STUDENT REQUIRING THE MEDICATION, NAME OF MEDICATION, APPROPRIATE DOSAGE AND TIME OF ADMINISTRATION.

ONLY THE DOSAGE FOR ONE DAY MAY BE LEFT AT THE SCHOOL.

SIGNATURE _____
(parent/guardian)

SIGNATURE _____
(Principal/Delegate)

PRIVACY NOTE: "This Information is required to allow the school to achieve educational outcomes in the management of the health of your child. If the information is not provided, the school will not be able to dispense medications to your child. This form may be accessed at the school on request to the Principal."