



MEDICINE REQUEST FORM

My child has been prescribed medication which needs to be administered during the school session. I hereby request that the school undertakes to administer the medication as prescribed.

I understand that this is a service that the school is not obliged to undertake and understand that in order for the medication to be given by school staff this form must be completed in detail and medicines must be taken to and collected from the office by an adult.

Signed Parent / Guardian

Date

Name of child (Please Print)

_____ Class _____

Name of Medication: _____

Dosage:

Days & Dates medication is required:
