

# St Dunstan's Catholic School

## Parental Request to Administer Medicine

We will not administer medicine to your child unless this form is completed fully and signed.  
School have staff members that will administer medicines on a voluntary basis.  
School staff are not medically trained.

**Medication must be in its original container, as dispensed by the pharmacy, showing clear instructions regarding expiry/dosage. Only medication prescribed four times a day will be given once, in school. Medication required three times a day, will not be given in school. This can be taken before school, after school and before bed.**

### Personal

|                              |  |
|------------------------------|--|
| Date                         |  |
| Child's Name                 |  |
| Date of Birth                |  |
| Child's Class                |  |
| Medical Condition or Illness |  |

### Medicine

|  |   |
|--|---|
| Name/type of medication including strength.<br><i>As described on container.</i>   | <i>A separate form must be completed for each medication</i>  |
| Date Dispensed   |   |
| Expiry Date  |   |
| Dosage and Method  |   |
| Time - When to be given<br><br><i>Only medication prescribed to be given four times a day will be given <b>once</b> during the school day.</i> | <i>It is the responsibility of your child to go to ask their teacher for their medicine to be administered.<br/>Medicines should be given outside the school day wherever possible.</i> |
| Special Precautions/Instructions   |   |
| Any known side effects.  |   |
| Procedure in an emergency  |   |

### Contact

|                          |  |
|--------------------------|--|
| Parent / Carer Name      |  |
| Emergency Daytime Number |  |
| Relationship to Child    |  |

The above information is accurate to the best of my knowledge. I give permission for school staff to administer medicine. I will inform school immediately, in writing, if there is any change in dosage, or frequency of medication or if the medication is no longer required.

**I fully accept that this is a voluntary task, that the school is not obliged to undertake.**

Signature \_\_\_\_\_ Parent/Guardian

# St Dunstan's Catholic School

Child's Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

| Date | Time | Medication | Dosage Administered | Staff Signature |
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Staff Member Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_