



MEDICATION REQUEST FORM

Name of Child:.....Grade:.....

Date Commencing:...../...../..... Date finishing:/...../.....

OR Ongoing till the end of the year, commencing on:/...../.....

Name of Medication:.....
(Prescription medication **must** be presented in the original packaging)

Medication – dosage.....

Medication to be given: Before food After Food

Time/s to be given: 11:00am (Recess) 1:10pm (Lunchtime)

Other.....

Does the medication need to be refrigerated? YES NO

Other instructions:.....

What condition is the medication treating?.....

CONTACT NUMBERS:

Parent/ Guardians Name:.....

Home:..... Mobile:..... Work:.....

1. Emergency Name:.....

Contact Numbers:.....

Signed:..... Date:/...../.....
(Parent/Guardian)

<u>Medication given</u>			<u>Medication given</u>			<u>Medication given</u>		
<u>Date</u>	<u>Time</u>	<u>Signature</u>	<u>Date</u>	<u>Time</u>	<u>Signature</u>	<u>Date</u>	<u>Time</u>	<u>Signature</u>
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