Mulgildie State Primary School

MEDICATION DURING SCHOOL HOURS

At times it is necessary for children under doctor’s instruction to take medication during school hours. We are aware of this need, and are willing to assist you in this situation. However, for the safety of the child, it is of utmost importance that the following form be completed in full. All medication will be administered by the school staff. Unless advice is received of the existence of special circumstances this request form is valid for a period of one week only, or until the set course of medication is completed.

DATE: ____________________ PARENT’S NAME: __________________________

CHILD’S NAME: __________________________ PHONE NO. OF PARENT: __________________________

PERIOD OF MEDICATION: __________________________________________

NAME OF DRUG / MEDICATION: ________________________ DOSAGE: ________________________

TIME OF DAY MEDICATION IS TO BE ADMINISTERED: A.M. ______ P.M. ________

REASON / PURPOSE FOR MEDICATION: __________________________________________

PLEASE NOTE: Container must be in original packaging with the child’s name, dosage and instructions for dispensing. While staff members are prepared to assist in this matter, the ultimate responsibility rests with the parent.

SIGNATURE: (PARENT / GUARDIAN) ____________________________

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