



# **METELLA ROAD PUBLIC SCHOOL**

117-131 Metella Road Toongabbie NSW 2146 T 9636 1922 F 9896 3201 www.metellard-p.schools.nsw.edu.au

## **Request for administering prescribed medication to a student**

*Note: if your child is to take more than one prescribed medication,  
please attach a separate request for each medication.*

### **Student details**

First name: ..... Surname: .....

Class: .....

Name of prescribed medication:.....

Prescribed for (name of medical condition):.....

Prescribed dosage: .....

Time to be given: .....

Special storage requirements if any e.g. in refrigerator:.....

.....

Special instructions for administering the prescribed medication/s e.g. must be taken with food or with a glass of water:

.....

Note: The medication should be provided to the school in its original pharmacy packaging, clearly labelled with the student's name.

Secure delivery of prescribed medication is important for the safety of your child as well as for the safety of other students in the school.

Parent/carer signature:..... Date:.....