

FORM 1  
REQUEST TO DISPENSE MEDICINE



To be completed by Parent or Carer

I request that my daughter: \_\_\_\_\_

(Full name of student)

PC \_\_\_\_\_ be given / allowed to take

\_\_\_\_\_  
(Name of Medication)

at \_\_\_\_\_ (times)

in dosages of \_\_\_\_\_ (ml or tablets) \_\_\_\_\_

For the Medical Condition: \_\_\_\_\_

Any other relevant comments: \_\_\_\_\_

\_\_\_\_\_  
Please note: It is the responsibility of parents/carers to ensure that all medications are in date. All medication supplied to the College must be in the container in which it was dispensed. It must also be clearly labelled with:

- your daughter's name
- the drug's name
- the dosage and frequency to be given
- The prescribing doctor's name and phone number

Parent/Carer name (please print) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_