



Notification And Request by Parent/Carer for the
Administration Of Medication During School Hours –
Schedule 8 Drugs

To be completed by Parent or Carer

I request that my daughter: _____(Full name of student)

PC Class _____

be allowed to take medication at school according to instructions from:

(Full name of Prescribing Doctor)

(Address and phone number of Prescribing Doctor)

The medication has been prescribed for the following reason:

I hereby give permission to the Principal to obtain relevant information from the Prescribing Doctor. I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the Principal of any changes involving the administration of the medicine. I agree to indemnify the school and related parties on the terms of the attached Deed of Indemnity. 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: _____